MAXIMUS Federal Services

Case Number:	CM15-0123646		
Date Assigned:	07/08/2015	Date of Injury:	05/11/1995
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male, who sustained an industrial injury on 5/11/95. The injured worker was diagnosed as having multilevel herniated nucleus pulposus of the lumbar spine with stenosis, status post multiple lumbar surgeries, lumbar radiculopathy, and facet arthropathy of the lumbar spine. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, TENS, an epidural injection for the lumbar spine, a spinal cord stimulator, and medication including Soma, Percocet, Norco, Terocin patches, and MS Contin. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a LSO brace, medial branch block bilaterally at L2-3 and L3-4, and mesh back supports.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As per ACOEM Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is rationale as to why a brace was requested for chronic back pain. LSO (Lumbar sacral orthosis) brace is not medically necessary.

Medial branch block bilaterally at L2-L3 and L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint intra-articular injections (therapeutic blocks) and Facet joint pain, sings & symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back-Lumbar and Thoracic>, <Facet Joint diagnostic blocks(injections)>.

Decision rationale: As per ACOEM Guidelines, facet medial branch blocks may be considered for diagnostics purpose in preparation for neurotomies. The evidence to support neurotomies in lumbar region is poor. The provider has requested medial branch blocks for diagnostic and therapeutic reasons. Official Disability Guidelines were reviewed for criteria that are more specific. Patient does not meet criteria for recommend facet joint diagnostic blocks. ODG criteria are procedure is limited to patient with low back pain that is non-radicular and no more than 2 levels bilaterally. Patient has radicular pain from known disc herniation, spinal stenosis and prior surgeries. Patient has no exam findings consistent with facet related pain. Facet block are not medically necessary.

Mesh back supports: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: It is unclear what "mesh back supports" are but it may be a type of mesh device that attaches to the back of chair. As per ACOEM Guidelines, lumbar supports such as "Mesh back supports" has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is rationale as to why a back support was requested for chronic back pain. This is a commercially available product. "Mesh back supports" is not medically necessary.