

Case Number:	CM15-0170893		
Date Assigned:	09/11/2015	Date of Injury:	09/08/2008
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 53 year old male who sustained an industrial injury on 9-8-2008. He reported hip and back pain after a fall. Diagnoses include lumbar spine myofascitis with radiculitis, status post left hip surgery, and status post left knee arthroscopy. Treatments to date documented in the submitted medical records include modified activity, medication therapy, and physical therapy. Currently, he complained of ongoing pain in the back, bilateral hips, and left knee. On 7-7-15, the physical examination documented limited right hip range of motion with pain and a bilaterally positive straight leg raise test. The plan of care included ongoing medication management and referrals to chiropractic therapy and an orthopedic provider. On 8-4-15, the injured worker continued to have ongoing back pain with increased shoulder pain associated with numbness and tingling and right knee giving out and clicking. The physical examination documented a positive left side Adson's test more than right side and joint line tenderness. The plan of care included ongoing medication management and a lumbar back brace. Several records included in the submitted medical records are difficult to decipher. This appeal requested authorization of prescriptions for Oxycodone 30mg #30; Norco 10-325mg #240; Soma 350mg #90; Xanax 1mg #30; and Durable Medical Equipment (DME) custom LSO brace for purchase. The Utilization Review dated 8-14-15, denied the request indicating the California MTUS or Official Disability Guidelines do not recommend the requested treatments for routine long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom LSO brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Work-Relatedness. Decision based on Non-MTUS Citation ODG, Low Back -
Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

Decision rationale: The CA MTUS provides minimal guidance concerning lumbar supports, but does state that there is no evidence for effectiveness of lumbar supports and prevention of back pain in the industrial setting. In addition, lumbar supports have not been shown to have long-term benefits for low back pain symptom relief. The cited ODG does not recommend lumbar supports for prevention; however, it may be an option for treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and nonspecific low back pain, although evidence is weak. Based on the most recent treating physician records available, the injured worker is not in the acute phase of treatment, nor does he have documentation indicating a diagnosis of compression fracture, spondylolisthesis, or instability. Therefore, the request for lumbosacral orthosis brace is not medically necessary and appropriate.