MAXIMUS Federal Services

Case Number:	CM15-0099831		
Date Assigned:	06/02/2015	Date of Injury:	09/27/2012
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52-year-old male, who sustained an industrial injury on 9/27/12. The diagnoses have included cervical strain with radiculitis, lumbar strain with radiculitis, and sleep disturbance. Treatment to date has included medications, activity modifications, orthopedic consultation, trigger point injections, 12 acupuncture sessions, 24 chiropractic sessions, 24 physical therapy sessions and home exercise program (HEP). Currently, as per the physician progress note dated 3/13/15, the injured worker complains of cervical spine pain rated 9/10 and constant and the pain is increasing. The lumbar spine pain is rated 9/10 on pain scale and constant pain that radiates to the left lower extremity. He reports weakness in the leg. The physician noted that the last Magnetic Resonance Imaging (MRI) was done in 2013 and Dr. Appointment requires updated Magnetic Resonance Imaging (MRI) to further plan the patient treatment, otherwise the treatment is going to stall without updated studies. It is noted that there is no change in functional status since the last exam and he has had no treatments since the last exam. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and Magnetic Resonance Imaging (MRI) of the lumbar spine which were not noted in the records for review. The current medications included Norco. The urine drug screen dated 3/13/15 was inconsistent with the medications prescribed. The physical exam reveals increased pain and radicular symptoms. He had physical therapy, acupuncture and chiropractic and the pain continues. Last Magnetic Resonance Imaging (MRI) was in 2013 and updated Magnetic Resonance Imaging (MRI) is needed for treatment planning. It is noted that a lumbar-sacral orthosis brace was dispensed. The work status is to return to full duty on 3/13/15. The physician requested treatment included Retrospective lumbar-sacral orthosis with rigid front/back panels for lumbar spine (DOS 3/13/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective lumbar-sacral orthosis with rigid front/back panels for lumbar spine (DOS 3/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.301.

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

Decision rationale: The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg with weakness and upper back pain. There was no discussion suggesting reasons a back brace would be helpful or detailing special circumstances that supported this request. In the absence of such evidence, the current request for a lumbosacral orthosis with rigid front and back panels for the lumbar spine region is not medically necessary.