

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/21/2013
Date of Injury:	1/14/2013
IMR Application Received:	7/8/2013
MAXIMUS Case Number:	CM13-0001032

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lumbar sacral orthosis back brace **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 6/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lumbar sacral orthosis back brace **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 20, 2013:

“This is a 44-year-old female with a date of injury of 01/14/13 after falling to the ground. Diagnosis was lumbar strain. On 05/29/13, Dr. [REDACTED] evaluated the claimant for the lumbar spine. Examination revealed lumbar flexion to 40 degrees, extension to 15 degrees, right lateral bending to .20 and left lateral bending to 18 degrees. Strength for the left knee extensors was 4/5, and the rest 5/5. The plan was for electromyography, MRI, chiropractic treatment, and an LSO brace. The claimant has been treated with off work and physical therapy.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 6/20/13)
- Medical Records by [REDACTED] (dated 3/6/13 to 5/29/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 12: Low Back, pages 298-301

1) Regarding the request for a lumbar sacral orthosis back brace:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 12: Low Back, page 301, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/14/13 and experienced a lumbar strain. Treatment to date has included physical therapy and off work duty. A request was submitted for a lumbar sacral orthosis back brace.

The ACOEM guideline supports use of lumbar supports in the acute phase of symptom relief. The ACOEM guideline also indicates lumbar supports have not been shown to have any lasting benefit beyond the acute phase. The employee was injured in January 2013, and is currently beyond the acute phase of symptom relief. The request for a lumbar sacral orthosis back brace is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.