

Case Number:	CM14-0126673		
Date Assigned:	08/13/2014	Date of Injury:	11/13/2012
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Per the records provided, as of February 8, 2013, the claimant was injured when she slipped and fell on the left side of the body. The claimant was examined and underwent x-rays and was prescribed medicine and physical therapy. There was minimal benefit. There is still low back pain with some subjective symptoms into the left leg. There was still tenderness and some pitting in both lower extremities. An X-ray of the lumbar spine showed tiny degenerative marginal spurs at L5. An MRI of the lumbar spine showed transitional vertebral anatomy with S1 segment partially lumbar spondylolisthesis of L4 and L5 with possible spondylosis, atypical hemangioma in the left L5 vertebral body and L5-S1 neural foraminal stenosis as well as facet changes. There was a T 11 to 12 mm disc protrusion. There is intermittent pain in the low back with occasional shooting pain to the entire left lower extremity. There is reportedly 63% whole person impairment. A panel QME in December 2013 felt that she was not at maximal medical improvement and in the future would need psychiatric treatment and medicines. A document dated June 9, 2014, suggests that there is still back pain with radiation to the left lower extremity at six out of 10. The patient is 60 years old and was injured November 13, 2012. There are limited objective functional deficits noted along with the low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar-sacral orthotic brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), specifically Chapter 12 of American College of Occupational and Environmental Medicine (ACOEM) dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has had the injury for several years; per MTUS the brace would no longer be effective, the request for this treatment is not medically necessary and appropriate.