

Case Number:	CM14-0135618		
Date Assigned:	08/29/2014	Date of Injury:	01/25/2013
Decision Date:	09/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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:

The injured worker is a 49 year old female who reported a date of injury of 01/25/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbago with radiculopathy, degenerative disc disease, nerve root stenosis and sacroiliac joint pain. Prior treatments included physical therapy, acupuncture and a lumbar epidural steroid injection with an unknown date. The injured worker had a MRI of the lumbar spine on 10/29/2013 with official findings indicating a 3mm left preforaminal and left foraminal disc protrusion with abutment of the exiting left L5 nerve roots and scoliotic curvature of the lumbar spine. Surgeries were not included within the medical records received. The injured worker had complaints of 5-6/10 constant low back pain with radiation to the lower extremities bilaterally with numbness, tingling and muscle spasms. The clinical note dated 08/05/2014 included findings of paraspinal tenderness at the L5 level with spasms, decreased L5 dermatomal sensation of the left lower extremity and a positive straight leg raise. The injured worker's range of motion in the lumbar spine showed 36 degrees of flexion, 12 degrees of extension and 14 degrees of left and right bending. Medications included Norco, Motrin and Robaxin. The treatment plan included a recommendation for left L5-S1 epidural steroid injection, a referral for pain management and to follow up in 4-6 weeks. The rationale was not indicated within the medical records received. The request for authorization form was received on 07/22/2014.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The injured worker had complaints of low back pain that radiated to the lower extremities bilaterally with numbness, tingling and muscle spasms. The California MTUS/ACOEM guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. The injured worker is noted to have chronic low back pain. The injured worker was injured in 01/2013. Given the date of injury, the injured worker is no longer in the acute phase of symptom relief and a lumbar support would not be indicated. Additionally, the requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.