

Case Number:	CM14-0194132		
Date Assigned:	12/01/2014	Date of Injury:	07/11/2002
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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:

The injured worker is a 67-year-old man with a date of injury of July 11, 2002. The mechanism of injury was not indicated in the medical record. The injured worker has been diagnosed with lumbar discopathy with disc displacement. Pursuant to the progress report dated October 20, 2014, the injured worker complained of pain in the cervical and lumbar spine. The lumbar spine was centered over the bilateral sacroiliac joints, right greater than left. The pain in the lower back also radiated down the bilateral lower extremities causing numbness and tingling. Medications and compound creams were helpful in alleviating most of his pain. Current medications include Anaprox DS, Fexmid, Norco 10/325mg, Paxil, Prilosec, Ultram and Flurbiprofen topical cream. Examination of the lumbar spine reveals tenderness to palpation in the paraspinal musculature with decreased range of motion secondary to pain and stiffness. Straight leg raise test was positive in the bilateral lower extremities at 20 degrees in the supine position. Strength was 5/5 in the bilateral upper and lower extremities. The treating physician is requesting a lumbar arthrosis for support while driving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Pursuant to the ACOEM Practice Guidelines, lumbar orthosis is not medically necessary. The guidelines state lumbar supports are not shown to have lasting benefits beyond the acute phase of acute symptom relief. There is no evidence for the effectiveness of lumbar supports in preventing back pain in the industry. In this case, the injured worker is 67 years old with a date of injury of July 11, 2002. The working diagnoses were lumbar discopathy with disk displacement. The progress notes indicate pain in the cervical and lumbar spine. The provider requested a lumbar orthosis for support when driving. The guidelines state there is no evidence for the effectiveness of lumbar supports in preventing back pain. Consequently, lumbar orthosis is not medically necessary.