

Case Number:	CM14-0202162		
Date Assigned:	12/12/2014	Date of Injury:	06/20/1997
Decision Date:	03/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Patient is a 57 year-old with date of injury 06/20/1997. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/25/2014, lists subjective complaints as multifocal body pain. Objective findings: Examination of the lumbar spine revealed limited range of motion with flexion and extension. Decreased sensation to light touch along the L5 and S1 dermatomes with edema. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Lumbar radiculopathy, 2. Failed back syndrome, lumbar, 3. Sprain and strain of shoulder and upper arm, 4. Shoulder degenerative joint disease. Patient currently has a lumbar brace, but has owned it for three years and it is showing wear.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Soft lumbar solly: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. One Soft lumbar solly is not medically necessary.