

Case Number:	CM15-0000600		
Date Assigned:	01/12/2015	Date of Injury:	02/28/2005
Decision Date:	03/23/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/02/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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:

The injured worker is a 34 year old female who suffered a work related injury on 02/28/05. Per the physician notes from 11/03/14 she complains of left leg calf pain and foot numbness. The diagnosis is radiculopathy L5-S1. She is noted to be scheduled for a hip injection. The treatment plan includes current medications, DME brace to knee and lumbar spine, and TENS unit. The lumbar spine brace was non-certified by the Claims Administrator on 12/25/14 as per the MTUS and ACOEM guidelines lumbar supports are not recommended for treatment of low back pain. This non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO SAG-Coronal panel purchase: 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): 301.

Decision rationale: According to ACOEM lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The requested item of a LSO Sag-coronal panel Prefab is a lumbar support. The requested item is not medically necessary.