

Case Number:	CM15-0106300		
Date Assigned:	06/10/2015	Date of Injury:	05/21/2007
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, Florida, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 5/21/07. He reported pain in hip and buttock with radiation to right heel. The injured worker was diagnosed as having spinal/lumbar degenerative disc disease, thoracic/lumbar radiculopathy, brachial neuritis or radiculitis, cervical disc degeneration, chronic pain syndrome, shoulder pain, knee pain and headache/facial pain. Treatment to date has included lumbar epidural injection, left knee intra-articular injection, oral medications, topical compound creams, TENS unit, chiropractic therapy, heat therapy, aqua therapy, psychological therapy and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 9/30/14 revealed bulging disc at L3-4, L4-5 and L5-S1 and spinal stenosis at L4-5 and L5-S1. Currently, the injured worker complains of left lower extremity pain, right lower extremity pain, left knee pain and left shoulder pain. He notes with medication his pain is 6/10 and without medication, it is 10/10. He also states since his last epidural steroid injection, his back pain has been worse and leg pain remained the same. Physical exam noted restricted range of motion of lumbar spine, tenderness on palpation of bilateral paravertebral muscles, restricted range of motion of left knee with tenderness to palpation over the lateral joint line and medial joint line and positive patellar grind test on the right. The treatment plan included continuation of oral and topical medications, and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 1 LSO sag-coronal panel prefab-C lumbar brace (DOS 12/4/2014):
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): ACOEM, Chapter 12, Low back, page 298.

Decision rationale: This claimant was injured in 2007, now eight years ago. There is spinal degenerative disease. There is no acute injury. There has been extensive conservative care. The request is a retrospective review of a lumbosacral orthotic brace. The California MTUS, specifically Chapter 12 of 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. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request for the lumbar-sacral orthotic is appropriately not certified.