

Case Number:	CM15-0109332		
Date Assigned:	06/15/2015	Date of Injury:	12/19/2010
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 72 year old female, who sustained an industrial/work injury on 12/19/10. She reported initial complaints of low back pain. The injured worker was diagnosed as having degeneration thoracic/lumbar intervertebral disc and carpal tunnel syndrome. Treatment to date has included medication, physical therapy, and carpal tunnel injection. X-Rays results were reported on 1/12/11 that reported mild curvature of the lower lumbar spine with facet arthropathy from L4-S1. Hand x-rays on 1/12/11 report mild osteoarthritis. Currently, the injured worker complains of low back and bilateral hand pain with numbness and tingling. Per the primary physician's progress report (PR-2) on 3/24/15, examination noted normal strength in the upper extremities, normal sensation of upper and lower extremities, positive right/left Phalen's test, mildly positive right Tinel's test and positive left Tinel's test. Current plan of care included a lumbar orthotic and EMG/NCS diagnostic test. The requested treatments include lumbosacral orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral Orthotic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The lumbosacral orthotic is being prescribed to improve support for the injured worker. The MTUS Guidelines do not indicate that the use of a lumbar spine support would improve function. The request for lumbosacral orthotic is not medically necessary.