

Case Number:	CM15-0016236		
Date Assigned:	03/16/2015	Date of Injury:	12/06/2002
Decision Date:	04/17/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Family Practice

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 64 year old male, who sustained an industrial injury on 12/06/2002. He reported pain to the neck and low back. He was noted to have a double hernia. The injured worker was diagnosed as having lumbar degenerative disc disease status post decompressive laminectomy and reported L4-5 fusion (undated). Treatment to date has included injections, medications and a spinal stimulator. Per the Primary Treating Physician's Initial Orthopedic Examination dated 12/30/2014, the date of injury is noted to be 1999. The injured worker complains of constant pain in the low back with radiation into the gluteal regions and his legs and feet which is worse with prolonged sitting and repetitive bending. He has numbness and tingling in the feet and burning in the low back. He has constant neck pain with radiation into the shoulders, arms and hands. Physical examination revealed focal tenderness along the L3-4, L4-5 and L5-S1 posterior spinous processes and paraspinal muscles with restricted range of motion. Straight leg raise test was positive. The plan of care included referral to a pain management specialist and continuation of medications. A request was made for lumbar support TENS unit with supplies, and a therapy pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar support: 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): 298.

Decision rationale: This patient receives treatment for chronic low back pain. The origin of this pain dates back to 2002. The patient's symptoms include pain, stiffness, and radiation of burning in the buttock region. This patient has failed back having had lumbar spinal fusion surgery. Lumbar supports are not recommended to treat chronic low back pain. Studies show that lumbar supports do not result in improvement in either functions or pain relief. In addition, by reducing muscle use and range of motion, wearing lumbar supports may weaken paraspinal muscles and increase stiffness. A lumbar support is not medically necessary.