

Case Number:	CM15-0019761		
Date Assigned:	02/09/2015	Date of Injury:	04/16/2013
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 04/16/2013, after the power went out and an elevator dropped 3 floors. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications, physical therapy, acupuncture, epidural steroid injections and chiropractic care. The injured worker was evaluated on 12/02/2014. It was documented that the injured worker had low back, mid back and neck pain. Objective findings included tenderness to palpation of the L3-5 paraspinal musculature with 3/5 extensor hallucis longus strength on the right and 4/5 on the left. The injured worker had a positive straight leg raising test and decreased sensation in the L4, L5 and S1 dermatomal distributions. The injured worker's diagnoses include lumbar spine disc bulge and lumbar spine radiculitis. The injured workers treatment plan included a cane for assisted ambulation and a low back, back brace to offer support. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO (lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back- Lumbar & Thoracic (Acute & Chronic)(updated 08/22/14), Back brace and Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-310.

Decision rationale: The requested TLSO (lumbar spine) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend the use of a back brace beyond the acute phase of an injury. The clinical documentation submitted for review does not provide any extenuating circumstances to support extending treatment beyond guideline recommendations. Although the injured worker continues to have low back pain, there is no evidence of spinal instability to support the need for a stabilizing device. As such, the requested TLSO (lumbar spine) is not medically necessary or appropriate.