

Case Number:	CM15-0131760		
Date Assigned:	07/20/2015	Date of Injury:	02/09/2001
Decision Date:	08/13/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/08/2015

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, 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 58 year old male, who sustained an industrial injury on February 09, 2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having neck pain, cervical degenerative disc disease, status post cervical five through six fusion, thoracic pain, low back pain, lumbar degenerative disc disease, lumbar spinal stenosis, lumbar radiculitis, and chronic pain syndrome. Treatment and diagnostic studies to date has included x-ray of the lumbar spine, use of cane, above noted procedure, status post extreme lateral lumbar two to three, lumbar three to four interbody fusion, posterior lumbar two to five laminectomy and partial facetectomy, lumbar two to five posterior segment fixation, and lumbar four to five posterior fusion performed on October 29, 2014. In a progress note dated June 01, 2015 the treating physician reports complaints of low back pain and stiffness along with a burning pain to the left leg. The injured worker's pain level was rated a 4 to 5 out of 10 without the use of his medication regimen and was rated a 0 out of 10 with the use of his medication regimen. Examination from June 18, 2015 reveals tenderness to flank incision. The treating physician noted an x-ray of the lumbar spine that was remarkable for interbody fusion at lumbar two through five with balanced pelvic index and lumbar lordosis. The treating physician requested an abdominal lumbar support, but the documentation did not indicate the specific reason for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal lumbar support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. In addition, the request for the back brace was not substantiated. The use of a back brace is not medically necessary.