

Case Number:	CM15-0139432		
Date Assigned:	07/29/2015	Date of Injury:	12/20/2011
Decision Date:	08/26/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old female, who sustained an industrial injury on 12/20/2011, resulting from a slip and fall. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, and backache, not otherwise specified. Treatment to date has included diagnostics, physical therapy, epidural steroid injections, lumbar spinal surgery on 3/03/2015, and medications. Currently, the injured worker complains of low back pain, rated 6 out of 10, associated with numbness and pins and needles sensation. Relieving factors included rest and medications. Sleep quality was poor. Medications included Terocin patch, Lunesta, Omeprazole, Gabapentin, Ibuprofen, and Tylenol. Exam of the lumbar spine noted restricted range of motion, tenderness to palpation of the left paravertebral muscles, spinous process tenderness on L4 and L5, and positive straight leg raise test on the left. Motor exam noted strength at 3 out of 5 in the left hip flexor, hip extensor, knee extensor, knee flexor, and 2 out of 5 in the left extensor hallucis longus muscle. Sensory exam noted decreased sensation to light touch over the left medial calf, lateral calf, medial thigh, and lateral thigh. The treatment plan included a lumbar support, to decrease pain and improve function. Work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version).

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

Decision rationale: This 47 year old female has complained of low back pain since date of injury 12/20/11. She has been treated with surgery, epidural steroid injections and medications. The current request is for a lumbar brace. Per the MTUS guideline cited above, lumbar support brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. On the basis of the MTUS guidelines and the provided documentation, lumbar brace is not medically necessary.