

Case Number:	CM15-0141578		
Date Assigned:	07/31/2015	Date of Injury:	02/25/2013
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Emergency 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:

This 63 year old woman sustained an industrial injury on 2-25-2013. The mechanism of injury is not detailed. Diagnoses include lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, piriformis syndrome, muscle scar, and myofascial pain. Treatment has included oral medications, chiropractic care, and home exercise program. Physician notes on a PR-2 dated 6-16-2015 show complaints of low back pain rated 6 out of 10 with radiation down the right lower extremity with numbness and tingling. Recommendations include lumbar brace fitting, Lunesta, Naproxen, Gabapentin, Omeprazole, continue home exercise program, TENS unit, aquatic therapy, psychology evaluation, family practitioner follow up, chiropractic care, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RTC four week follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-90.

Decision rationale: As per MTUS ACOEM guidelines, follow-up for monitoring and management of chronic disabling problems is usually recommended. Utilization review denied RTC due to not receiving any progress reports. Additional progress notes were provided for this review. Patient requires continued management of chronic pain. RTC follow-up in 4weeks for follow up visit is medically necessary.

Lumbar brace: 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 chapter.

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

Decision rationale: As per ACOEM Guidelines, lumbar support has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being requested for chronic back pain. Lumbar brace is not medically necessary.