

Case Number:	CM15-0160660		
Date Assigned:	08/27/2015	Date of Injury:	06/18/2003
Decision Date:	09/29/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

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 male who sustained an industrial injury on June 18, 2003. The worker was employed as a service technician, construction worker and welder for a power company. A rehabilitation therapy note dated March 27, 2015 reported the plan of care regarding the lower back involved: continuing with home exercises abdominal strengthening, extension mobility exercise, flexion mobility exercise; lower back postural muscle strengthening. A magnetic resonance imaging study done on March 10, 2015 revealed: grade I spondylolisthesis with prominent facet arthropathy at L4-5, foraminal stenosis, right. Previous treatment modality to include: activity modification, oral medication, therapy, injections, pain management, home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO (lumbosacral) Sag-Coronal Panel Prefab-C (retrospective DOS 4/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar supports.

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

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.