

Case Number:	CM15-0160796		
Date Assigned:	08/27/2015	Date of Injury:	12/23/2009
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
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: 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 12-23-2009. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral sprain-strain, lumbar degenerative disc disease, lumbar facet degenerative joint disease and right sacroiliac joint sprain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-22-2015, the injured worker complains of low back pain radiating to the big toe with numbness, tingling and weakness. Physical examination showed lumbar paraspinal tenderness. The treating physician is requesting retrospective back support with a date of service of 7-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 7.22.15 back support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

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