

Case Number:	CM15-0164087		
Date Assigned:	09/01/2015	Date of Injury:	04/01/2015
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Physical Medicine & Rehabilitation

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 68-year-old male with an industrial injury dated 04-01-2015. The mechanism of injury is documented as a fall resulting in injury to his cervical and lumbar spine, bilateral shoulders, right index finger and left wrist. His diagnoses included bilateral lumbosacral strain and bilateral lumbosacral radiculopathy. Prior treatment included Ibuprofen, physical therapy (for back) and medications. He presents on 07-21-2015 with complaints of pain in the cervical spine radiating down the bilateral upper extremities with intermittent numbness and tingling sensations affecting both hands. He also noted pain in bilateral shoulders and lumbar spine with radiation down to both lower extremities. Other sites of pain included right index finger and left wrist. He had not worked since 04-03-2015. There was decreased range of motion of the lumbar spine by 10% of normal with tenderness, trigger points and muscle spasms to the bilateral iliolumbar ligaments and bilateral lumbar spine paraspinal muscle. There was a positive bilateral straight leg raise at 40 degrees. The provider documents a request for lumbosacral brace to help the patient decrease pain, decrease medication use and increase activities of daily living independence. The treatment request is for 1 lumbosacral brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbosacral Brace: Overturned

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

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

Decision rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for the low back pain as CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, this patient is within the acute phase of this April 2015 injury. ODG does state that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have adequately demonstrated indication or support for the request as the patient has some relief and continues to work and function. The 1 Lumbosacral Brace is medically necessary and appropriate.