

Case Number:	CM15-0166634		
Date Assigned:	09/04/2015	Date of Injury:	07/07/2011
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, California
 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:

This is a 40-year-old male patient, who sustained an industrial-work injury on 7-7-11. He sustained the injury while attempting to move a refrigerator. The diagnoses include cervicgia and lumbago. Per the doctor's note dated 8/11/15, he had complaints of neck pain, low back pain, headache and pins and needles sensation in the left leg and foot. Per the doctor's note dated 7/14/15, he had complains of frequent to constant severe neck and lumbar pain. The physical examination revealed an antalgic gait to the left, use of a cane, decreased lumbar and cervical range of motion, tenderness to the lumbar region bilaterally, cervical tenderness, positive axial compression test on the left and positive straight leg raising test bilaterally. The medications list includes Tylenol and Xanax. Treatment to date has included medication and diagnostics. He has had MRI dated 3-8-12 which revealed small disc herniation at L5-S1; EMG-NCV (electromyography and nerve conduction velocity test) dated 6-14-12 which revealed no evidence of lumbar radiculopathy; X-rays dated 11-14-13 which revealed disc space narrowing at L3-4. The requested treatment included Custom LSO brace -purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom LSO brace - purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Initial Assessment.

Decision rationale: Request: Custom LSO brace – purchase. Per the ACOEM guidelines there is no evidence for the effectiveness of lumbar supports. Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Custom LSO brace - purchase is not fully established for this patient.