

Case Number:	CM15-0167397		
Date Assigned:	09/08/2015	Date of Injury:	09/02/2011
Decision Date:	10/07/2015	UR Denial Date:	07/20/2015
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: 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 50-year-old female, who sustained an industrial injury on 9-2-2011. She reported back pain. Diagnoses have included lumbar sprain-strain and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included acupuncture, chiropractic treatment, physical therapy and medication. According to the doctor's first report of occupational injury or illness dated 5-7-2015, the injured worker complained of low back pain into the buttocks. Exam of the lumbar spine revealed spasm and positive Kemp's test bilaterally. There was positive straight leg raise on the left. Authorization was requested for purchase of a lumbar spine brace. Per the progress report dated 6-5-2015, the injured worker complained of constant, moderate low back pain and stiffness rated 6 out of 10. The pain radiated to the entire left leg and left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbar spine brace: Upheld

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

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.