

Case Number:	CM15-0169180		
Date Assigned:	09/09/2015	Date of Injury:	07/18/2006
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/27/2015

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 54-year-old male who sustained an industrial injury on July 18, 2006 resulting in low back pain. The provided diagnosis is stated as "initial right lumbar radiculitis." Documented treatment includes lumbar fusion on February 26, 2009 which resolved radiculopathy, but resulted in S1 hypesthesia in the left foot, and persistent low back pain; ice; TENS unit which is stated as being "extremely helpful"; and, pain medications reducing pain level by 30 - 50 percent. The injured worker continues to present with muscle spasms in his lower back, and range of motion is 60 to 70 percent "of normal." The July 8, 2015 physician report states lumbar pain is 7-8 out of 10 without medication, and increases with activity. The treating physician's plan of care includes acupuncture, and a "re-request" on May 15, 2015 for a back brace which was denied on July 23, 2015 due to stated lack of documentation for medical necessity. Work status is not provided, but he is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation ODG Low Back.

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

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.