

Case Number:	CM15-0193971		
Date Assigned:	10/07/2015	Date of Injury:	02/25/2009
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female with a date of injury of February 25, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, lower back pain, lumbar disc with radiculitis, and degeneration of lumbar disc. Medical records dated July 10, 2015 indicate that the injured worker complained of continued right lower back pain radiating to the buttocks down the anterolateral aspect of the leg to the foot. A progress note dated September 16, 2015 documented complaints similar to those reported on July 10, 2015. Per the treating physician (September 16, 2015), the employee had work restrictions that included no pushing, pulling, or lifting more than five to ten pounds with occasional back bending and twisting activity. The physical exam dated July 10, 2015 reveals restricted range of motion with increased pain of the lumbar spine, and muscle guarding. The progress note dated September 16, 2015 documented a physical examination that showed no changes since the examination performed on July 10, 2015. Treatment has included unknown number of acupuncture session, lumbar spine surgery, and medications (Hydrocodone-Acetaminophen 5-325mg, Tizanidine 4mg, and Voltaren gel since at least February of 2015). The original utilization review (September 25, 2015) non-certified a request for the purchase of a lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace for purchase for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar supports.

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

Decision rationale: A lumbar support brace for purchase for the lumbar spine is not medically necessary. Per Ca MTUS guidelines, lumbar support have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The claimant's injury occurred in 2009. The physical exam has remained unchanged and there is lack of documentation of an acute injury or exacerbation; therefore the requested service is not medically necessary.