

Case Number:	CM15-0197703		
Date Assigned:	10/13/2015	Date of Injury:	06/07/2014
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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 55 year old female, who sustained an industrial injury on 6-7-2014. The injured worker is undergoing treatment for: low back pain. On 6-24-15, she reported pain to the low back, bilateral knees, and bilateral ankles. She indicated there was radiation of pain from the low back into the bilateral thighs; pain is worsened by activities such as bending and lifting. Physical examination revealed the neck range of motion to be within normal limits, no abnormalities or tenderness in the thoracic spine area, decreased range of motion and tenderness in the lumbosacral areas, and tenderness, crepitation and no instability noted to the bilateral knees. A cortisone injection was administered to S2, S3 of the sacral spine. On 7-22-2015, she reported low back and bilateral knee pain. Objective findings revealed limited range of motion and tenderness to the lumbar spine area, increased tenderness at S3, S4, no muscle spasms noted, negative straight leg raise testing, and tenderness to the medial joint lines of the bilateral knees. She was given a cortisone injection at S3, S4 with noted good relief. The treatment and diagnostic testing to date has included: x-rays, physiotherapy, magnetic resonance imaging of the lumbar spine (date unclear), 3 lumbar epidural injections (dates unclear), cortisone injections to the lumbar are (January 2015). Medications have included: Flexeril, metformin, Juvenal. Current work status: not working. The request for authorization is for: one custom lower back brace with heavy metal. The UR dated 9-15-2015: non-certified the request for one custom lower back brace with heavy metal.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) custom lower back brace with heavy metal: 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 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.