

Case Number:	CM15-0202382		
Date Assigned:	10/19/2015	Date of Injury:	09/12/2014
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male, who sustained an industrial injury on 09-12-2014. A review of the medical records indicates that the worker is undergoing treatment for foraminal stenosis of L4-L5, left greater than right with radiculopathy and protrusion of L3-L4. Electrodiagnostic testing of the low back and extremities on 07-14-2015 was within normal limits. Subjective complaints (08-05-2015, 08-26-2015, 09-16-2015) included 7 out of 10 low back pain with left lower extremity symptoms. Objective findings (08-05-2015, 08-26-2015, 09-16-2015) included tenderness of the lumbar spine, decreased range of motion of the lumbar spine, decreased sensation in the left L5 and S1 dermatomal distributions and positive straight leg raise on the left. Treatment has included pain medication, transcutaneous electrical nerve stimulator (TENS) unit, application of heat, a home exercise program and physical therapy. Medications were noted to provide significant pain relief and objective functional improvement including increased activity tolerance. The physician noted that a request for Quinn medical compressive lumbar sacral orthosis with lateral supports was being submitted and that the brace was medically necessary to restrict the mobility of the trunk to decrease pain, provide stability and facilitate maintenance of activities of daily living. A utilization review dated 10-06-2015 non-certified a request for back brace - lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: This claimant was injured in 2014. Electrodiagnostic testing of the low back and extremities on 07-14-2015 was within normal limits. Subjective complaints (08-05-2015, 08-26-2015, 09-16-2015) included 7 out of 10 low back pain with left lower extremity symptoms. Treatment has included pain medication, transcutaneous electrical nerve stimulator (TENS) unit, application of heat, a home exercise program and physical therapy. The requested brace was said to be medically necessary to restrict the mobility of the trunk to decrease pain, provide stability and facilitate maintenance of activities of daily living. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is not medically necessary.