

Case Number:	CM15-0208148		
Date Assigned:	10/27/2015	Date of Injury:	07/24/2003
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68 year old man sustained an industrial injury on 7-24-2003. Diagnoses include left cubital tunnel syndrome, right carpal tunnel release, multiple left wrist surgeries, lumbar discopathy with radiculitis, and left ankle surgery. Treatment has included oral medications. Physician notes dated 6-3-2015 show complaints of increasing low back pain rated 8 out of 10 with radicular symptoms to the bilateral lower extremities and unchanged left elbow, wrist, and ankle pain. The physical examination shows no distress, tenderness to palpation of the lumbar paravertebral muscles with spasm, and a positive seated nerve root test. Range of motion measurements are not recorded, however, pain with terminal motion is noted. Tingling and numbness is notes tot eh L5-S1 dermatome and 4 out of 5 strength is noted in the L5 and S1 innervated muscles. Tenderness is noted on palpation of the left cubital fossa as well as a positive Tinel's sign. The left wrist has tenderness to palpation at the dorsum, a weak grip and no evidence of instability. Tenderness and swelling is noted to the left foot-ankle joint line as well as pain with terminal flexion. Recommendations include chiropractic care, lumbar brace, one year gym membership, and follow up as needed. Utilization Review denied a request for a lumbar brace on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace, quantity: 1: Upheld

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

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

Decision rationale: This 68 year old male has complained of low back pain, elbow pain, wrist pain and ankle pain since date of injury 7/24/2003. She has been treated with physical therapy and medications. The current request is for lumbar back brace. Per the MTUS guideline cited above, lumbar support brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. On the basis of the MTUS guidelines and the provided documentation, lumbar support brace is not indicated as medically necessary.