

Case Number:	CM15-0208669		
Date Assigned:	11/24/2015	Date of Injury:	05/11/2000
Decision Date:	12/31/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This is a 57-year-old male with a date of injury of May 11, 2000. A review of the medical records indicates that the injured worker is undergoing treatment for failed back syndrome and multilevel lumbar disc herniations. Medical records dated June 18, 2015 indicate that the injured worker complained of lower back pain rated at a level of 8 out of 10 with numbness and tingling in the bilateral lower extremities. A progress note dated August 27, 2015 documented complaints similar to those reported on June 18, 2015 with pain rated at a level of 8 to 9 out of 10. Per the treating physician (July 20, 2015), the employee was not working. The physical exam dated June 18, 2015 reveals an antalgic gait, use of a cane, positive Kemp's test bilaterally, bilateral pain with heel and toe walking, positive straight leg raise testing, lumbar paraspinal tenderness with muscle guarding and spasms, lumbar spinal tenderness radiating to the bilateral lower extremities, moderate tenderness at the sacroiliac joints bilaterally, bilateral sciatic nerve tenderness, and decreased range of motion of the lumbar spine. The progress note dated August 27, 2015 documented a physical examination that showed no changes since the examination performed on June 18, 2015. Treatment has included medications (Norco, Trazadone, Morphine, Soma, and Gabapentin) and lumbar spine fusion. The utilization review (September 23, 2015) non-certified a request for lumbar spine brace and support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace/support, Qty 1: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for back immobilization. MTUS guidelines state the following: physical support for lumbar is not recommended. The request as written above is not indicated as a medical necessity to the patient at this time.