

Case Number:	CM15-0023812		
Date Assigned:	02/13/2015	Date of Injury:	12/13/2013
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male who reported an injury on 12/13/2013. The mechanism of injury was not stated. The current diagnoses include C5-6 disc herniation, L4-5 annular tear, and intermittent left leg radiculopathy. The latest physician progress report submitted for review is documented on 10/01/2014. The injured worker presented for a follow-up evaluation with complaints of constant neck pain radiating into the bilateral shoulders. The injured worker also reported constant low back pain with associated tingling and numbness in the left lower extremity. Upon examination of the cervical spine, there was tenderness to palpation in the cervical paravertebral muscles and across the trapezius bilaterally. Cervical distraction test relieved the injured workers symptoms. The examination of the lumbar spine revealed mild tenderness to palpation in the lumbar paravertebral muscles. There was decreased sensation in the left L3-S1 dermatomes as well as 5/5 motor strength. Recommendations included chiropractic therapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, there was no documentation of a significant musculoskeletal deficit. There was no evidence of instability upon examination. The medical necessity has not been established. As such, the request is not medically appropriate.