

Case Number:	CM15-0211134		
Date Assigned:	10/30/2015	Date of Injury:	02/17/2015
Decision Date:	12/10/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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 47 year old male injured worker suffered an industrial injury on 2-17-2015. The diagnoses included cervical myalgia and myospasms, lumbar myalgia, myospasms and radiculitis. On 7-7-2015 the provider reported constant low back pain rated 7 out of 10 that radiated to the hips, legs with associated weakness and numbness. There was constant right foot pain rated as 5 out of 10 with associated weakness and numbness. There was constant neck pain rated 7 to 8 out of 10 that radiated to the left shoulder with associated weakness, headaches and dizziness. There was left shoulder pain rated 4 to 5 out of 10 with associated weakness and numbness. On exam the cervical spine had tenderness, guarding and spasms with trigger points and reduced ranger of motion. The thoracic and lumbar spines were tender, guarding and spasms noted with trigger points. The straight leg raise was positive bilaterally with reduced range of motion. The justification for lumbar brace was not included in the medical record. Prior treatments included medication, physical therapy, and acupuncture and chiropractic therapy. Request for Authorization date was Utilization Review on 10-19-2015 determined non-certification for DME Lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Lumbar spine brace: 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.