

Case Number:	CM15-0213029		
Date Assigned:	11/02/2015	Date of Injury:	09/06/2006
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/28/2015

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: Florida

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 injured worker is a 67 year old female, who sustained an industrial injury on 9-06-2006. The injured worker is being treated for cervical radiculopathy, herniated nucleus pulposus cervical, cervical sprain-strain, lumbar sprain-strain, lumbar herniated nucleus pulposus, probable radiculopathy lower extremities, carpal tunnel syndrome and tardy ulnar nerve palsy. Treatment to date has included diagnostics, medications, and therapy. Per the Primary Treating Physician's Progress Report dated 9-22-2015, the injured worker reported neck pain that radiates to the bilateral hands, left shoulder pain, and low back pain that radiates to the bilateral legs. She rated the severity of her pain as 9 out of 10 currently, 10 out of 10 at its worst and 5-6 out of 10 at its best. Low back pain is 50% less after LINT treatment. Objective findings of the lumbar spine included an antalgic gait, tenderness at the bilateral multifidus and L5-S1 spinous processes with guarding. The notes from the provider do not document efficacy of the prescribed treatment. Work status was not documented at this visit. The plan of care included diagnostics, injections, medications, lumbar brace, bilateral elbow tennis strap and reevaluation in 4-6 weeks. On 10-01-2015, Utilization Review non-certified the request for a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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): Physical Methods.

Decision rationale: A lumbar brace is being requested. California MTUS guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient is well documented to have chronic pain. Likewise, this request for a back brace is not medically necessary.