MAXIMUS Federal Services

Case Number:	CM15-0214633		
Date Assigned:	11/04/2015	Date of Injury:	03/07/2014
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/02/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 51 year old male, who sustained an industrial injury on March 7, 2014. He reported injury to his neck, lumbar spine and bilateral shoulders. The injured worker was currently diagnosed as having disc bulge L2-L3, left paracentral disc bulge at L3-L4, congenital narrowing of the disc at L4-L5, L5-S1 moderate right facet degenerative changes, status post cervical surgical procedure and cervical radiculopathy. Treatment to date has included diagnostic studies, physical therapy and medication. On June 18, 2015, the injured worker complained of moderate pain in his lumbar spine rated a 5 on a 1-10 pain scale. The pain was intermittent and radiating proximally to his buttocks, left leg, left knee, left ankle and left hip. The pain was associated with numbness, tingling, burning, stabbing, throbbing, electrical shock, aching, dull and sharp sensations, stiffness, locking, popping and weakness. He was noted to have "limited" range of motion with flexion, extension, rotation, bending, stooping, lifting, pushing, pulling, carrying, climbing, walking, running, standing, sitting, twisting, turning, leaning, laying down, squatting and kneeling. Physical examination of the lumbar spine revealed a positive straight leg raise test with left lower extremity, eliciting pain and discomfort at approximately 45 degrees in hip flexion. He was mildly tender to palpation over the greater trochanteric bursas, bilaterally. On August 12, 2015 the injured worker complained of overall pain rated a 5-6 on a 1-10 pain scale. Lumbar range of motion was noted to be active forward flexion of 50 degrees, extension to 20 degrees right lateral flexion 15 degrees and left lateral flexion 15 degrees. He walked with a non-antalgic gait without the use of a cane or any other assistive devices. The treatment plan included follow-up for reevaluation for narcotic-level

medication, Norco, Gabapentin and physical therapy for the lumbar spine. A request was made for a lumbar brace. On October 7, 2015, utilization review denied a request for 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, Section(s): Physical Methods.

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for lumbar brace is not medically necessary.