

Case Number:	CM15-0224769		
Date Assigned:	11/23/2015	Date of Injury:	11/06/2006
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/16/2015

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: Internal 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 47-year-old male who sustained an industrial injury on 11-6-2006 and has been treated for segmental and somatic dysfunction of the lumbar and pelvic region, sciatica, lumbar ligament sprain, unequal limb length noted as "acquired," muscle contracture and sacroiliac joint sprain. He had a left L4-5 hemi-laminectomy and discectomy in 2010. The note of 9-16-2015 states there has been no electromyography-nerve conduction studies or CT scans. On 10-19-2015, the injured worker reported low back pain with radiculopathy, reporting "I have difficulty performing normal job duties." On 9-16-2015, he had characterized pain as constant, stabbing and burning, rated at 7 out of 10 and that 80 percent was left-sided, radiating to the foot. His lower left extremity was weak and pain was increased by bending, twisting, and prolonged walking or standing. Objective findings 10-19-2015 include numbness and paresthesia from recent ankle fracture, and his previous examination 9-16-2015 revealed an antalgic gait with limp, tenderness with palpation of the lumbar spine midline and left paraspinal region, and sensory examination of the lower extremity was noted to be "intact." Documented treatment includes 12 sessions of physical therapy, at least 20 chiropractic treatments, ice, rest, and he is presently taking Aleve. The treating provider included a lumbar back brace, Denneroll orthotics both cervical and lumbar units, and a Pro-lordotic strap. All were denied on 11-5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Brace.

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

Decision rationale: Lumbar supports have not been shown to have any lasting benefit in treating lumbar pain except for the acute phase of symptom relief. Our patient has chronic lumbar pain and therefore the use of a lumbar brace is not indicated. The UR decision is upheld. Therefore, the request for a Lumbar back brace is not medically necessary.

Denneroll orthotics (cervical and lumbar units): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Lumbar supports have not been shown to have any lasting benefit in treating lumbar pain except for the acute phase of symptom relief. Our patient has chronic pain and therefore the use of braces are not indicated. The UR decision is upheld. Therefore, the request for a Denneroll orthotics (cervical and lumbar units) is not medically necessary.

Pro-lordotic strap: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Lumbar supports have not been shown to have any lasting benefit in treating lumbar pain except for the acute phase of symptom relief. Our patient has chronic lumbar pain, and therefore the use of lumbar support is not indicated. The UR decision is upheld. Therefore, the request for a Pro-lordotic strap is not medically necessary.