

Case Number:	CM15-0032477		
Date Assigned:	02/25/2015	Date of Injury:	05/21/2014
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43-year-old male, who sustained an industrial injury on 5/21/2014. He has reported back pain. The diagnoses have included thoracic sprain/strain, lumbar injury with radiculitis, bilateral shoulder derangement and sprain/strains. Treatment to date has included medication therapy, acupuncture and shockwave therapy. Currently, the IW complains of pain in thoracic spine, lumbar spine, right shoulder and left shoulder. The physical examination from 1/15 documented painful Range of Motion (ROM) of all areas and tenderness with palpation. Thoracic and lumbar muscle spasm was present and straight leg raise was positive, as well as muscle spasms of the bilateral shoulders. On 2/11/2015 Utilization Review non-certified a lumbar orthopedic support best per the order written 1/30/15, noting the requested treatment is not recommended by the guidelines for prevention of low back pain. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of lumbar orthopedic support belt per the order written 1/30/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar orthopedic support belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Cervical Supports/Braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, lumbar support.

Decision rationale: The official disability guidelines only indicate that there is potential benefit for the usage of a lumbar support for conditions of lumbar fracture, spondylolisthesis, or documented instability. The attached medical record does not indicate that the injured employee has any of these conditions. As such, this request for lumbar orthopedic support belt is not medically necessary.