

Case Number:	CM15-0034995		
Date Assigned:	03/03/2015	Date of Injury:	04/11/2014
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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: Pennsylvania

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 61 year old male who sustained an industrial related injury on 4/11/14. The injured worker had complaints of low back pain that radiated to the left lower extremity with numbness. Diagnoses included lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, and lumbar spinal stenosis. Treatment included a transforaminal epidural steroid injection for bilateral L4-S1 levels. It was noted the injured worker received 5% pain relief from that injection. The treating physician requested authorization for a replacement of a lumbar orthosis. On 2/13/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of evidence and rational for a lumbar brace. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Lumbar Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low back/Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: According to the MTUS lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This worker is in the chronic phase and there is no medical necessity for a lumbar orthosis as it would not be expected to be beneficial at this stage.