

Case Number:	CM15-0038772		
Date Assigned:	03/09/2015	Date of Injury:	09/11/2013
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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: North Carolina
 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 26-year-old male with an industrial injury dated September 11, 2013. The injured worker diagnoses include displaced lumbar intervertebral disc and sciatica. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 6/24/2014, the injured worker reported constant left low back pain radiating to the left leg as a stabbing paresthesias of the use of plantar foot. Physical exam revealed flat lumbar spine, tenderness to palpitation of the lumbosacral junction, limited range of motion, decrease reflexes and tenderness to palpitation of the left greater trochanter. Straight leg raise revealed left low back pain. Treatment plan consists of pain management. There were no current primary treating physician reports submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Semi rigid lumbar corset fitted for size for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not certified.