

Case Number:	CM15-0041071		
Date Assigned:	03/11/2015	Date of Injury:	08/01/2014
Decision Date:	04/15/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
 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 48 year old male, who sustained an industrial injury on 8/1/2014. He has reported acute pain in the back while lifting approximately 200-300 pounds. The diagnoses have included headaches, cervical and lumbar sprain/strain, radiculopathy, rule out disc herniation, and a sleep disorder. Treatment to date has included medication therapy, physical therapy, acupuncture, and restrictive activity. Currently, the IW complains of persistent headaches, neck pain, and low back pain with radiation to upper and lower extremities associated with burning, numbness, and tingling. The pain is rated 8/10 VAS in the neck and the back. The physical examination from 1/26/15 documented tenderness in cervical and lumbar spine muscles with decreased sensation noted in bilateral upper and lower extremities. There were decreased Range of Motion (ROM) and trigger points noted. The plan of care included pending authorization for Magnetic Resonance Imaging (MRI) of cervical and lumbar spine, electromyogram of upper and lower extremities, psychology consultation, and neurology consultation, continue with shockwave therapy, and referral to a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace (XL): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was chronic and length of use was not specified. The use of a lumbar spine brace is not medically necessary.