

Case Number:	CM15-0054018		
Date Assigned:	03/27/2015	Date of Injury:	11/12/2014
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 11/12/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical sprain/strain, lumbar radiculopathy, lumbosacral sprain/strain, rule out lumbar disc protrusion, bilateral shoulder sprain/strain, right elbow sprain/strain, left forearm strain, bilateral de Quervain's disease, bilateral hip sprain/strain, plantar fasciitis, loss of sleep, and anxiety. Treatment to date has included medication regimen. In a progress note dated 01/20/2015 the treating provider reports dull and aching pain to the cervical spine, lumbar spine, bilateral shoulders, right elbow, left forearm, bilateral wrists, bilateral hips, and left knee along with complaints of bilateral foot pain. The injured worker rates the neck, bilateral shoulder, and left knee pain a five out of ten, the lumbar spine, left wrist, and bilateral hip pain a five to six out of ten, right elbow and left forearm pain a three out of ten, right wrist pain a seven out of ten, and bilateral foot pain a two to three out of ten on the visual analogue scale. The injured worker had associated symptoms of headaches, tingling and numbness to the bilateral upper extremities, radiating pain, tingling, and numbness to the right lower extremity, and radiating pain, tingling, and numbness of the fingers to the bilateral hands. The treating physician requested a lumbar spine back support, but the documentation provided did not indicate the specific reason for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine back support (Large): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Lumbar Supports.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Lumbar Spine Back Support (large). The treating physician states, "The ranges of motion are decreased and painful. There is tenderness to palpation of the lumbar paravertebral muscles. Treatment plan: Lumbar Spine Back Support." (19B) The ODG guidelines state, "Not recommended for prevention. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the treating physician has not documented that the patient has a compression fracture, spondylolisthesis, documented instability, and the patient has not had a surgery. There is a diagnosis of lumbar radiculopathy but no evidence was presented to support the diagnosis. Since there is no evidence of a pain generator for the IW's low back pain, the LBP is considered nonspecific. The current request is medically necessary and the recommendation is for authorization.