

Case Number:	CM15-0059674		
Date Assigned:	04/06/2015	Date of Injury:	09/18/2001
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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 was a year 58 old female, who sustained an industrial injury, September 18, 2001. The injured fell down and hurt the back. The injured worker previously received the following treatments Dilaudid, Soma, Trazodone, home exercise program, implanted pain pump and Fentanyl citrate in pain pump. The injured worker was diagnosed with failed back surgery syndrome and lumbar degenerative disc disease. According to progress note of February 9 2015, the injured workers chief complaint was low back pain radiating down to the bilateral lower extremities. The medications help by 80%. The injured worker slept 4-8 hours at night. The injured worker rated the pain and 8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted decreased range of motion at the lumbar spine region. There was lumbar spasms with flexion and extension and positive tenderness with palpation. The treatment plan included LSO to treat low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

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 remote and symptoms were chronic. Medications maintained pain control and function. The use of a back brace is not medically necessary.