

Case Number:	CM15-0061308		
Date Assigned:	04/07/2015	Date of Injury:	05/13/2008
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas

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 47 year old female, who sustained an industrial injury on 05/13/2008. The injured worker is currently diagnosed as having severe lumbar facet syndrome, retrolisthesis at L5 and S1, multilevel degenerative disc disease of lumbar spine with radiculopathy, facet arthropathy at L4-5 with mild canal stenosis, and status post peroneus brevis tendon repair. Treatment to date has included lumbar epidural steroid injections, physiotherapy, right ankle MRI, and medications. In a progress note dated 01/14/2015, the injured worker presented with complaints of low back pain and lower extremity symptoms. The treating physician reported requesting authorization for mesh back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mesh back support XXL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints, page(s) 308.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a back brace. MTUS guidelines state the following: physical support for lumbar is not recommended. The request as written above is not indicated as a medical necessity to the patient at this time.