

Case Number:	CM15-0062220		
Date Assigned:	04/08/2015	Date of Injury:	10/05/1999
Decision Date:	05/07/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

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

Certification(s)/Specialty: Emergency Medicine

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 45-year-old male, with a reported date of injury of 10/05/1999. The diagnoses include lumbosacral spondylosis without myelopathy, chronic pain syndrome, and degeneration of the lumbar intervertebral disc. Treatments to date have included physical therapy, Baclofen, gabapentin, Lidoderm patch, Medrol, meloxicam, Norco, H-wave unit, and a home exercise program. The medical report dated 02/24/2015 indicates that the injured worker complained of left lower limb radicular pain. The pain had improved somewhat at that time. His pain was rated 9 out of 10. The physical examination showed decreased sensation in the left lower extremity along the L5 dermatome, an antalgic gait, normal lumbar spine, and no lumbar swelling. The treating physician requested a lumbar sacral support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Lumbar Sacral Support, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The injured worker has left lower limb radicular pain. The treating physician has documented decreased sensation in the left lower extremity along the L5 dermatome, an antalgic gait, normal lumbar spine, and no lumbar swelling. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar Sacral Support is not medically necessary.