

Case Number:	CM15-0084189		
Date Assigned:	05/06/2015	Date of Injury:	07/15/2001
Decision Date:	06/09/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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 53-year-old female with an industrial injury dated 07/15/2001. Her diagnoses included depression, lumbar spondylosis, and degenerative disc disease (lumbar) and herniated disc (lumbar.) Prior treatments included physical therapy, acupuncture, chiropractic and multiple injections without prolonged relief. She presented on 03/06/2015 for follow up of low back pain radiating to her left buttocks, anterolateral thigh, groin and sometimes the left lateral leg with numbness, tingling and weakness. She rated the pain as 10/10. Physical exam revealed tenderness at the lumbosacral junction. Her mood and affect were described as depressed (tearful) with psychomotor slowing. Current medications included Norco, Cyclobenzaprine, Nortriptyline, Colace, Mobic, Oxycodone, Atorvastin calcium, iron and pain creams. The provider documents MRI results were discussed with the injured worker. The provider also noted the injured worker needed to see a psychiatrist for sub optimally controlled depression stating no true progress can be made with her pain and functional impairment unless her depression is addressed as well. Other treatment plans included referral to a chronic pain management specialist and lumbar brace to reduce pain by restricting mobility of the trunk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of LSO back support: 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: This injured worker receives treatment for chronic low back pain with radiation to the buttocks. This relates back to a work-related injury on 07/15/2001. The patient receives treatment for major depression and the patient has become opioid dependent. This review addresses a request for the purchase of a low back brace. The treatment guidelines do not recommend using a low back brace for chronic low back pain. Studies show that immobilization may be clinically indicated for an acute vertebral compression fracture, spondylolisthesis, instability, or post-operative treatment. There is no evidence that immobilization of the lower back is clinically useful for chronic low back pain. The LSO back support is not medically necessary.