

Case Number:	CM15-0086100		
Date Assigned:	05/08/2015	Date of Injury:	07/15/2000
Decision Date:	06/10/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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(n) 45 year old male, who sustained an industrial injury on 7/15/00. He reported pain in the lower back. The injured worker was diagnosed as having lumbar stenosis and right lumbar radiculopathy. Treatment to date has included a lumbar MRI that showed a 3mm dick protrusion at L3-L4 and Hydrocodone. As of the PR2 dated 2/11/15, the injured worker reports low back pain and difficulty walking. Objective findings include limited flexion and extension, and tenderness in the lower lumbar spine and right buttock. The treating physician requested a LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: 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): 301.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The exam visit of 4/8/15 is 15 years removed from the injury. Therefore, the request does not meet recommended guidelines and determination is not medically necessary.