

Case Number:	CM15-0089533		
Date Assigned:	05/13/2015	Date of Injury:	12/04/2014
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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 49 year old male, who sustained an industrial injury on December 4, 2014. The injured worker reported neck, back and ankle pain due to motor vehicle accident (MVA). The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis/radiculitis, chronic pain syndrome and sleep disturbance. Treatment and diagnostic studies to date have included x-ray, magnetic resonance imaging (MRI), physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, chiropractic and medication. A progress note dated March 30, 2015 provides the injured worker complains of continued neck, low back and left ankle pain. The pain radiates to the buttocks and down the left leg. He rates the pain 7/10. Physical exam notes lumbar surgical scars, tenderness and spasm on palpation and decreased range of motion (ROM). The plan includes a lumbar brace, chiropractic, chiropractic and psychological therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back Chapter.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the injured worker is in the chronic phase of injury and a lumbar support would not be indicated. According to ODG, lumbar supports are not recommended for prevention. There is no evidence of compression fractures, spondylolisthesis or documented instability to support the request for lumbar support. The request for Lumbar brace is not medically necessary and appropriate.