

Case Number:	CM15-0089945		
Date Assigned:	05/14/2015	Date of Injury:	03/14/2013
Decision Date:	06/16/2015	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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 59-year-old female with a March 14, 2013 date of injury. A progress note dated April 8, 2015 documents subjective findings (lower back pain radiating to the left leg; right knee pain; pain rated at a level of 5/10 with medications and 8/10 without medications) objective findings (loss of normal lumbar spine lordosis; tenderness and tightness to palpation of the lumbar paravertebral muscles with hypertonicity and spasm; positive straight leg raise on the left; positive pelvic compression test; positive FABER test; tenderness to palpation over the right patella; decreased light touch sensation over the left anterior thigh and lateral thigh), and current diagnoses (radiculopathy; lumbar radiculopathy). Treatments to date have included medications, physical therapy (no significant pain relief), acupuncture (no significant pain relief, chiropractic treatment (no significant pain relief), exercise (no significant pain relief), water therapy (mild pain relief), magnetic resonance imaging of the lumbar spine (showed substantial degenerative disc disease at L2-3 and L3-4 with bilateral foraminal stenosis, electromyogram (showed L5, S1 radiculopathy), and two lumbar epidural steroid injections (relief on the upper thigh). The medical record identifies that medications offer a 30% pain reduction. The treating physician documented a plan of care that included a Baja lumbar spine back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baja lumbar spine back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Baja lumbar spine back brace is not medically necessary.