

Case Number:	CM14-0210181		
Date Assigned:	12/23/2014	Date of Injury:	01/13/2004
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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: Preventive Medicine, Occupational 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:

Patient is a 52 year-old female with date of injury 01/13/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/16/2014, lists subjective complaints as pain in the low back. Patient is status post two surgeries for the lumbar spine (L5-S1) in 2004 and 2005. Objective findings: Examination of the lumbar spine revealed tenderness to palpation from L1 to the sacrum with spasm bilaterally. Patient could go 25-30% in forward flexion, but after that it was painful. Straight leg raise test caused hamstring tightness on the right side. Sensation was intact in all dermatomes in the bilateral lower extremities. Deep tendon reflexes were 1+ bilaterally for the lower extremities. Diagnosis: 1. Lumbar strain 2. Status post lumbar surgery x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase- lumbar spine decompression brace: Upheld

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

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient's diagnosis is lumbar strain, but based on the patient's stated date of injury, the acute phase of the injury has passed. DME purchase- lumbar spine decompression brace is not medically necessary.