

Case Number:	CM15-0111209		
Date Assigned:	06/17/2015	Date of Injury:	09/11/2011
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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:

The injured worker is a 41-year-old female, who sustained an industrial injury on 9/11/11. She reported initial complaints of hip/pelvic area and low back injury. The injured worker was diagnosed as having discogenic lumbar condition with facet inflammation/SI joint inflammation L>R; left hip joint inflammation; SI joint inflammation on the left. Treatment to date has included epidural steroid injections; SI joint injection; medications. Diagnostics included MRI lumbar spine (10/17/12); MRI 3T - lumbar spine without contrast (12/19/14). Currently, the PR-2 notes dated 4/27/15 indicated the injured worker complains of low back pain which she rates as 9/10. She uses a cane for support with ambulation. He reports her low back pain radiates down to the left foot and toes. She notes loss of motion; cannot kneel, reports limping when she walks and has swelling. She also has numbness and spasms. She denied any tingling or cramping and wakes up at night with pain. She reports pain while using the restroom, coughing or straining. She reports numbness in the anal area when she wipes. She denied bowel or bladder incontinence. The pain is better with rest and application of ice and worse with coughing, walking and brisk movements. She has someone at home to help her with household chores. On this date, the provider administered a left sacroiliac joint injection on this day with Marcaine/Xylocaine and Depo-Medrol. The provider is requesting a lumbar back support and support insert.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Back Support and Support Insert: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

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. Based on the patient's stated date of injury, the acute phase of the injury has passed. Lumbar Back Support and Support Insert is not medically necessary.