

Case Number:	CM15-0112050		
Date Assigned:	06/18/2015	Date of Injury:	02/12/2003
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/10/2015

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:

The injured worker is a 49 year old who sustained an industrial injury on 02/12/2003. Mechanism of injury was a slip and fall where she hit her head on a table and landed on her left side. Diagnoses include lumbar disc disease and lumbar facet syndrome. Treatment to date has included diagnostic studies; status post left shoulder surgery in 2011, medications, physical therapy, chiropractic treatment, and a home exercise program. Current medication includes Ibuprofen, Tramadol and Ambien. A Magnetic Resonance Imaging of the lumbar spine done on 01/12/2015 showed L5-S1 3mm right paracentral disc protrusion with abutment of the descending right S1 nerve root and a 2mm right foraminal disc protrusion with abutment of the exiting right L5 nerve root. At L4-L5 there is a 3mm mid-line disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally with a mild degree of central canal narrowing. Incidental note is made of a 1cm T2 hyperintense mass involving the right kidney which may represent a renal cyst. A physician progress note dated 04/08/2015 documents the injured worker complains of pain in the low back which she rates as 7 out of 10 on the pain scale. The pain spreads to her sides, buttocks and legs, left side greater than the right with numbness and tingling sensation to the left leg. She ambulates with a wide gait. There is diffuse tenderness noted over the lumbar paravertebral musculature and there is moderate facet tenderness noted over the L3-S1 spinous processes. She has a positive Kemp's test bilaterally and a positive Farfan test bilaterally. Lumbar range of motion is restricted bilaterally. The treatment plan includes bilateral L3 through L5 medial branch blocks for the L4-L5 and L5-S1 facets, and urine testing. Treatment requested is for LSO brace for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar supports.

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 LSO brace for home use is not medically necessary.