MAXIMUS Federal Services

Case Number:	CM15-0119447		
Date Assigned:	06/29/2015	Date of Injury:	04/14/2001
Decision Date:	07/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: North Carolina
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:

This is a 45 year old male with an April 14, 2001 date of injury. A progress note dated May 20, 2015 documents subjective complaints (persistent low back complaints; lower back pain rated at a level of 7/10 with some radiation to the left lower extremity as well; burning pain in the hip rated at a level of 7/10; pain in the left foot rated at a level of 7/10), objective findings (abnormal gait; slight flattening of the lumbar lordosis; tenderness in the paraspinous musculature of the lumbar region; midline tenderness is noted in the lumbar region; decreased range of motion of the lumbar spine; sensation testing with pinwheel is slightly abnormal), and current diagnoses (lumbar disc disease; sciatica). Treatments to date have included medications and physical therapy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

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

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states:"Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient has chronic ongoing low back complaints .Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not certified.