

Case Number:	CM15-0162585		
Date Assigned:	08/28/2015	Date of Injury:	04/13/2011
Decision Date:	11/20/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 4-3-2011. The injured worker is undergoing treatment for: chronic low back pain, discogenic low back pain, facetogenic low back pain. On 6-22-15, he reported low back pain. The treatment plan included continuation of wearing a lumbar brace and TENS use. On 7-20-2015, he reported worsened low back pain. He indicated he felt like he was getting the flu and was having a lot of aching in the low back. He indicated Tramadol ER and Lexapro give him good relief and he is tolerating them well. He rated his pain 10 out of 10 without medications and 7 out of 10 with medications. He indicated his pain to be worsened with prolonged activity such as sitting. His functional improvement is noted as physical activity, he is active during the day, takes care of his mother and he shops. Physical examination revealed tenderness in the low back, decreased lumbar range of motion, sensation intact and full strength and negative straight leg raise testing. The treatment and diagnostic testing to date has included: multiple chiropractic sessions, multiple physical therapy sessions, lumbar epidural (2-25-14), and multiple acupuncture visits, magnetic resonance imaging of the lumbar spine (8-31-11), x-rays of the lumbar spine (6-11-11), lumbar brace, and TENS. Medications have included: Tramadol ER, Cymbalta, Norco, Lexapro. Current work status: permanent and stationary. The request for authorization is for: one lumbar brace. The UR dated 8-4-2015: non-certified the request for one lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

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 medically necessary.