

Case Number:	CM15-0164145		
Date Assigned:	09/01/2015	Date of Injury:	01/28/2015
Decision Date:	11/12/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male, who sustained an industrial injury on 1-28-15. The documentation on 6-11-15 noted that the injured worker has complaints of headaches two times per week and intermittent neck pain that he rates the pain level as 6 to 7 on a scale of 1 to 10 with 1 being the lowest of pain and 10 being the maximum level of pain. The injured worker complaints of right wrist pain with a pain level of 7 to 9 and middle and low back pain that radiates into the left lower extremity with pain level as an 8 on a scale of 1 to 10 with 1 being the lowest of pain and 10 being the maximum level of pain. Cervical spine examination reveals there are +2 tenderness and spasm over the bilateral cervical paraspinals, suboccipital and upper trapezius and midline tenderness at C3 to T1. Thoracic spine examination revealed there is +2 tenderness over the bilateral thoracic paraspinal. Lumbar spine examination revealed there is +2 tenderness over the bilateral lumbar paraspinal, quadratus lumborum and gluteal and +2 spasms over the lumbar spine area. The diagnoses have included sprain of lumbar; sprain of neck; sprain of thoracic; sleep disorder and headaches. Treatment to date has included nabumetone; omeprazole; cyclobenzaprine and compound topical creams. The original utilization review (7-27-15) denied the request for lumbar support was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the initial acute phase of an injury. The records do not provide an alternate rationale for a lumbar support in the requested timeframe. This request is not medically necessary.