

Case Number:	CM15-0170974		
Date Assigned:	09/11/2015	Date of Injury:	10/04/2012
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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 38 year old male who sustained an injury on 10-4-12 resulting from cumulative trauma. Diagnoses include lumbar discopathy with radiculopathy; cervical strain; thoracic strain; left shoulder SLAP tear (per MRI 11-21-12); left shoulder strain; left wrist strain; right knee strain and right inguinal hernia. Diagnostic tests included MRI cervical spine 3-16-15 reveals 1-2 mm posterior central disc protrusion at C4-5 which indents the anterior thecal sac but does not result in significant spinal stenosis; 1-2 mm broad posterior disc protrusion at C5-6 which indents anterior thecal sac but does not result in significant spinal stenosis or neuroforaminal narrowing. MRI lumbar spine performed on 11-23-12. On 4-14-15 he had right L4-L5, right L5-S1 lumbar epidural steroid injection given and reported 75% improvements post the procedure. He reported improved mobility and lasted x 2 months. Currently the examination from 7-14-15 indicates constant neck pain that radiates down the left upper extremity with numbness frequently in the left upper extremity. Low back pain is constant and radiates down bilateral lower extremities with numbness constantly in bilateral lower extremities. The pain is aching, burning, sharp, stabbing, throbbing and moderate to severe and is aggravated by activity, bending, sitting, walking and sleeping. Activities of daily living limitations due to pain include ambulation, hand function, and sleep. The lumbar examination revealed tenderness upon palpation in the spinal vertebral area L4-S1 levels. Range of motion was moderately limited and pain was significantly increased with flexion and extension. Straight leg raise in the seated position was positive on the right for radicular pain at 70 degrees. Diagnoses noted cervical radiculitis; chronic pain other; lumbar radiculopathy; right knee pain; status post bilateral inguinal hernia repair. He was currently not working. The treatment plan included requesting a permanent transcutaneous electrotherapy and lumbar orthosis to assist with activity tolerance.

Utilization review 8-4-15 lumbar orthosis was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar orthosis, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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.