

Case Number:	CM15-0177598		
Date Assigned:	09/18/2015	Date of Injury:	12/17/2008
Decision Date:	10/21/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/09/2015

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 47 year old female who sustained an industrial injury on 12-17-2008. The injured worker was diagnosed with lumbar sprain and strain with radiculopathy, cervical sprain and strain and cephalgia. The injured worker is status post anterior cervical discectomy and fusion at C4-5 and C5-6 on March 24, 2015, left shoulder acromioplasty in March 2011 and left knee meniscectomy in February 2010. According to the primary treating physician's progress report on August 17, 2015, the injured worker experiences shoulder pain into her waist and low back pain that travels into her legs associated with weakness and soreness. The injured worker related neck pain and was felt to be having a satisfactory postoperative course. Examination of the lumbar spine demonstrated tenderness and spasms with limited range of motion. Straight leg raise was positive. Magnetic resonance imaging (MRI) examination of the lumbar spine on 12-17-2014 was interpreted as no significant disc space abnormality, spinal canal stenosis or neural foraminal narrowing. Prior treatments documented to date have included diagnostic testing, surgery, physical therapy, pain management and medications. Current medications prescribed Norco, muscle relaxant (unspecified name), Tramadol, Tylenol, Terocin patches and Calypso cream. The injured worker remains on temporary total disability (TTD). Treatment plan consists of medication regimen, upper extremity strengthening and continuing with home exercise program, maintaining follow-up appointments and on June 26, 2015 the provider requested authorization for a lumbar support to decreased pain level and improve function. The Utilization Review determined the request for a lumbar support was not medically necessary on 09-08-2015.

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: Low Back - Lumbar supports.

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.