

Case Number:	CM15-0070875		
Date Assigned:	04/20/2015	Date of Injury:	08/04/2014
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 57 year old, female who sustained a work related injury on 8/4/14. The diagnoses have included lumbar radiculitis and lumbar disc displacement. The treatments have included Toradol injections, medications, cold pack treatment, physical therapy, an MRI of lumbar spine and a lumbar epidural steroid injection without benefit. In the SOAP Note dated 3/12/15, the injured worker complains of lower back pain with radiation to legs. She complains of tingling in both legs. She describes the pain as constant, severe, throbbing, dull and shooting with numbness and pins and needles sensation. She rates her pain an 8/10. She states the symptoms have been getting worse. The treatment plan is a request for a low back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - Low Back Support: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar and Thoracic, Lumbar Supports, Updated March 3, 2015.

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

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a custom back brace for acute post-operative use. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase of injury. In addition, ODG states Lumbar supports as not recommended for prevention and is under study for treatment of nonspecific LBP, recommending as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment. The DME - Low Back Support is not medically necessary and appropriate.