MAXIMUS Federal Services

Case Number:	CM15-0070990		
Date Assigned:	04/21/2015	Date of Injury:	08/18/2014
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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old woman who sustained an industrial injury on August 18, 2014. She reported an injury to her low back and bilateral hips. Prior treatment includes medications and work modifications. Currently the injured worker complains of low back pain which she describes as burning and sharp. The pain is relieved with rest and medications. She reports numbness and tingling of the bilateral lower extremities and reports neck pain. Diagnoses associated with the request include lumbosacral sprain/strain, acute pain, and sacroiliac instability. Her treatment plan includes continuation of medications, back brace, physical therapy and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298.

Decision rationale: This claimant was injured just less than a year ago and has pain to the hips and back. There is no mention of lumbar instability or surgery. There are subjective numbness and tingling. Instability of the sacroiliac (SI) joints is claimed, but no objective SI orthopedic signs were noted. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is appropriately not certified.