

Case Number:	CM15-0075409		
Date Assigned:	04/27/2015	Date of Injury:	07/13/2006
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 49 year old male injured worker suffered an industrial injury on 07/13/2006. The diagnoses included lumbar fusion with residual radiculopathy, lumbar spinal cord stimulator, and sacral nerve stimulator. The diagnostics included left shoulder computerized tomography, electromyographic studies and lumbar computerized tomography myelogram. The injured worker had been treated with steroid injections, sacral nerve stimulator and medications. On 3/25/2015 the treating provider reported ongoing pain in the left shoulder and low back pain in obvious distress. The cervical spine had tenderness with decreased sensations to the palms of the hands. The left shoulder is tender and had reduced range of motion. The lumbar spine had significantly reduced range of motion with bilateral lower extremity deficits. The treatment plan included Lumbar back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The patient is a 49 year old male with an injury on 07/13/2006. He had a lumbar fusion but continues to have low back pain with radiculopathy. MTUS, ACOEM guidelines note that a lumbar support is not a recommended treatment. It is not medically necessary.