

Case Number:	CM15-0077838		
Date Assigned:	04/29/2015	Date of Injury:	10/16/2010
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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, 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 40 year old male who sustained an industrial injury on 10/16/10. The diagnoses have included lumbar post laminectomy syndrome with evidence of recurrent disc herniation with evidence of nerve root irritation. Treatment to date has included diagnostics, surgery and medications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and x-rays of the lumbar spine. The current medications included topical analgesic and oral anti-inflammatory medications. Currently, as per the physician progress note dated 3/5/15, the injured worker complains of persistent low back pain, gluteal pain and bilateral leg pain. Physical exam revealed that he sits with asymmetry to his posture, uses the upper extremities to support his torso, and nerve root tension signs were present with hamstring tightness. The physician noted that the last Magnetic Resonance Imaging (MRI) was done a year ago and he has persistent progressive symptomology. He will require updated Magnetic Resonance Imaging (MRI) and may benefit from lumbar orthosis for mechanical support. The physician requested treatments included MRI Lumbar Spine and Lumbar Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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): 303.

Decision rationale: The request is for MRI of the lumbar spine. This claimant suffered an injury to his back in 2010 and has post-laminectomy syndrome. He underwent an MRI of his LS spine in January 2015 (approximately 5 months ago) which did not reveal any acute findings. Recent examinations reveal no change in the claimant's symptoms, physical findings and no red flags that would warrant a repeat MRI after just 5 months. The request is therefore deemed not medically necessary.

Lumbar 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): 298.

Decision rationale: The request is for a lumbar brace in a claimant who is years status post a laminectomy of his LS spine and who complains of chronic low back pain. ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, there is no documentation revealing that the patient has a fracture, infection, tumor, instability, spondylolithesis or is in a recent post-operative condition that would require a lumbar brace. Therefore the request is not medically necessary.