

Case Number:	CM15-0092830		
Date Assigned:	05/19/2015	Date of Injury:	09/19/2011
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old, male who sustained a work related injury on 9/19/11. The diagnoses have included low back pain, bilateral lower extremity pain with probable radiculopathy, lumbar degenerative disc disease, failed back syndrome, chronic pain syndrome and depressive disorder. Treatments have included a spinal cord stimulator trial with good benefit, medications and home exercises. In the PR-2 dated 4/14/15, the injured worker complains of low back pain radiating to both legs. He rates the pain level a 4/10 on medications and an 8/10 without medications. The pain is aggravated by sitting, standing, walking, bending and lifting. He states the pain is alleviated by lying down and medications. He has positive straight leg raises with both legs. Strength in legs is 5/5 bilaterally. The treatment plan includes refill of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for TLSO brace is not medically necessary.