

Case Number:	CM15-0093946		
Date Assigned:	05/20/2015	Date of Injury:	12/17/2008
Decision Date:	06/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 62 year old who sustained an industrial injury on 12/17/2008. Mechanism of injury occurred while working and transferring a passenger from home to center and helping her to avoid a fall. She felt low back pain. Diagnoses include lumbosacral disc injury, lumbosacral radiculopathy, and lumbosacral sprain/strain injury. Treatment to date has included diagnostic studies, medications, Transcutaneous Electrical Nerve Stimulation unit, physical therapy, acupuncture, and home exercise program. On 10/03/2013 and Magnetic Resonance Imaging of the lumbar spine revealed L4-L5 interval progression of disc degenerating at this level with a diffuse annular bulge and facet spurring, and L3-L4 mild bilateral foraminal stenosis. An Electromyography done on 10/28/2013 revealed chronic right L5 radiculopathy. Multilevel reinnervation potential could be secondary to lumbar disc herniation. A physician progress note dated 05/01/2015 documents the injured worker has ongoing low back and bilateral lower extremity pain. She has a slow and slightly limping gait. She is moderately obese. Her lumbar spine and lumbosacral area has tenderness to palpation with myofascial tightness noted. She has pain with range of motion of the lumbar spine. Straight leg raising is positive on the right side. Flurbiprofen cream for pain has been helpful in controlling her pain without side effects. She continues to work full time. She has a back brace and has been using it for about 3 years and it is worn and does not fit well. The treatment plan includes the medication Flurbiprofen, continuation of home exercises and a back brace. Treatment requested is for a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Back 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 (ODG).

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. Therefore, the request for lumbar spine brace is not medically necessary.