

Case Number:	CM13-0005310		
Date Assigned:	06/20/2014	Date of Injury:	06/04/2004
Decision Date:	07/29/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/30/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70-year-old female who reported an injury on 06/04/2004. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be acupuncture, H-wave, transcutaneous electrical nerve stimulation, physical therapy, and medications. The injured worker's diagnosis was noted to be joint derangement. The documentation provided for review contained a physician's progress report dated 06/13/2013. The subjective complaints of the injured worker included severe neck pain with headaches. The objective findings of the physical exam included painful range of motion and palpated tenderness. The treatment plan noted in the physician's progress report is for 8 sessions of acupuncture and a new Aspen LSO brace due to the previous brace being a year and a half old and worn out. Medication refills for Soma, Norco, Fioricet, and Prilosec. The provider's rationale for the requested replacement LSO brace was provided within the treatment plan of a physician's progress report dated 06/13/2013. A Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement LSO 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) Back, Lumbar supports.

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

Decision rationale: The request for a replacement LSO brace is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines do not recommend lumbar supports for prevention. Lumbar supports are only recommended as an option for treatment. There is strong evidence that lumbar supports are not effective in preventing neck and back pain. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions are not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. The treatment plan in the physician's progress report dated 06/13/2013 indicates a request for a new Aspen LSO brace. This request for a replacement LSO brace is not recommended by the guidelines. Therefore, the request for replacement LSO brace is not medically necessary.