

Case Number:	CM13-0013192		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2011
Decision Date:	02/11/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 20 year old male who apparently sustained an industrial related injury on 12/16/2011 involving his Lower Back. He underwent evaluation by [REDACTED] on 08/09/2013 patient complains of 9/10 low back pain with right lower extremity symptoms. Objective findings are presence of tenderness in lumbar spine. Spasm lumboparaspinal musculature, right greater than left and was diagnosed with lower back pain with right lower extremities symptoms. An LSO back brace was recommended as part of the management of the back injury, but was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LSO 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298.

Decision rationale: The California MTUS(Effective July 18, 2009)ACOEM, 2nd Edition page 9, section on prevention states: The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of

security. Page 298 further states: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Therefore the request for a Lumbar LSo is not medically necessary.