

Case Number:	CM13-0016331		
Date Assigned:	11/06/2013	Date of Injury:	10/24/2012
Decision Date:	05/20/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopedic Surgery 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 claimant is a 64-year-old female who sustained an injury to her lower back on October 24, 2012. According to the clinical records available for review, an electrodiagnostic study of the lower extremities was performed on February 25, 2013; results were normal. Further electrodiagnostic studies performed on August 7, 2013, showed evidence of chronic right L4 radiculopathy. A clinical progress report dated July 15, 2013, documents ongoing low back pain and prolonged leg pain with standing. Physical examination findings showed a positive straight leg raise with no documented neurologic findings. There was 5/5 motor strength, normal sensory and reflexive examination. Clinical imaging reviewed at that date included a lumbar MRI scan, performed on December 6, 2012, that showed evidence of disc bulges at multiple levels with bilateral facet arthropathy from L2-3 through L5-S1. The claimant's current working diagnosis is muscular ligamentous strain with lumbar radiculopathy. At the most recent visit, the treating physician recommended an epidural steroid injection, continuation of medications to include Tylenol II and Flexeril, and the use of a lumbar back brace for support. The request addressed in this review 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:

PRE-FAB BACK BRACE FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,298,301.

Decision rationale: California MTUS ACOEM Guidelines do not recommend the use of a lumbar brace in this case. According to ACOEM Guidelines, lumbar braces have been shown to produce only limited improvement of symptomatic relief beyond the initial phase of an acute inflammatory process. There is no support for the prophylactic use of bracing in the chronic setting, in the absence of demonstrated lumbar instability or as part of an aggressive postsurgical course of care. Due to the claimant's diagnosis of muscular ligamentous strain with lumbar radiculopathy and the time elapsed from injury, the use of a lumbar brace is not medically necessary.