

Case Number:	CM13-0026349		
Date Assigned:	04/25/2014	Date of Injury:	09/20/2012
Decision Date:	07/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Neurology has a subspecialty in Neuromuscular Medicine 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 patient sustained a work related injury on September 20 2012. Subsequently he developed a chronic back pain. He was diagnosed with lumbar radiculitis, myofascial pain, muscle spasm, anxiety, insomnia, headaches and lumbar pain. According to a note dated on June 29 2013, the patient underwent a lumbar MRI which showed degenerative disc disease. The patient was treated with medication and rest. According to the note of July 23, 2013, the patient was complaining of lumbar pain. His physical examination demonstrated lumbar pain with reduced range of motion, lumbar tenderness and trigger points over the lumbar spine. His provider requested authorization for a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASPEN SUMMIT BACK BRACE, PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

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 and the patient was already diagnosed with lumbar radiculopathy. Therefore, the request for Aspen Summit Back Brace, purchase is not medically necessary.