

Case Number:	CM13-0028595		
Date Assigned:	11/27/2013	Date of Injury:	07/06/2009
Decision Date:	01/24/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, and is licensed to practice in Washington DC, and Virginia. 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:

This is a 26M who had had lower back pain since July 2009, following an industrial accident while working for a pool supply company. This occupation required heavy lifting . His clinical progression went on to include paresthesia and pain in his Right leg. There were no issues with bowel and bladder incontinence. Pt had 2 spinal surgeries: april 3 2010 and april 4 2011. He has had multiple visits to primary clinics, pain clinic referral and orthopedics to address ongoing back pain. He was under a pain contract and underwent psychological evaluation to assess his mental status. Pt was prescribed the LSO Back brace on May 7 2013. There is no end date or duration of treatment with the brace noted. Pt saw [REDACTED], a physician specializing in pain, on July 16 2013 for back pain and he was receiving oxycodone from that office. He was noted to have an exam which was limited by pain and had difficulty with some aspects of his gait when that was assessed. Pt was also given IM toradol for treatment and sent for neuroimaging. Pt had MR of L spine on November 14 2013 which L5-S1 residual posterior/right lateral bulging disc/osteophyte and scar. There was also endplate degeneration and mild disc narrowing of L5-S1. However there was no significant canal or left foraminal stenosis, mild-to-moderate right foraminate stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - Apollo back brace LSO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: The patient had injury to his lower back. He underwent 2 surgeries following this incident and continued to have issues with pain. He did have paresthesias and some gait disturbance but there was no further neurological compromise which was noted on his visit to his pain physician. Per ODG guidelines cited, there is no evidence to suggest that back braces are effective treatment for chronic lower back pain.