

Case Number:	CM13-0040917		
Date Assigned:	12/20/2013	Date of Injury:	11/03/1999
Decision Date:	05/15/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 35-year-old male who reported an injury on 11/03/1999. The mechanism of injury was not provided. The documentation of 09/16/2013 revealed the injured worker had increased pain in the low back with continued pain going down the right lower extremity. The injured worker had previous epidural steroid injection at L5 through S1 on 03/19/2012. The injured worker indicated he got good relief of symptoms with the injection. The injured worker was additionally requesting a low back brace. The injured worker indicated he had them in the past and it helped support his low back when he had increased pain. The physical examination revealed tenderness to palpation of the lower lumbar spinous process with palpable spasms present in the paraspinal muscles of the lower spine. The injured worker had full to limited range of motion. The injured worker had decreased sensation to touch in the anterior right knee going to the shin. The injured worker had decreased strength in plantar and dorsiflexion on the right at 5-/5. The injured worker had a positive straight leg raise. The diagnoses included postlaminectomy syndrome and persistent right sided L5 radiculopathy. The treatment plan included a back brace and a transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 LOW BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the injured worker had utilized a back brace previously. He indicated it assisted him with low back pain; however, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a low back brace is not medically necessary.