

Case Number:	CM13-0045449		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2011
Decision Date:	03/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 patient is a 31-year-old male who reported a work related injury on 08/09/2011, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, displacement of lumbar intervertebral disc without myelopathy. The clinical note dated 04/01/2013 reports the patient was seen under the care of [REDACTED]. The provider documented upon physical exam of the patient, bilateral paraspinal muscle spasms were noted, straight leg raise testing was negative, motor, sensory, and reflex exam were within normal limits. The provider requested authorization for a spinal Q brace to help with back pain and posture support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM Guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The medical records

provided for review indicate that the patient is status post his work related injury of over 2 year's time. Consequently, request for spinal Q back brace is not medically necessary and appropriate.