

Case Number:	CM13-0047538		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2006
Decision Date:	05/22/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/04/2013

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 and 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 44-year-old female who reported injury on 04/11/2006. The mechanism of injury was not provided. The documentation of 08/06/2013 revealed the injured worker had a severe increase of low back pain with pain radiating down her left leg with numbness, tingling, and weakness. The motor examination in all muscle groups of the lower extremity, with the exception of the left ankle dorsiflexors and evertors, was normal. The left ankle dorsiflexors and evertors demonstrated gross weakness 2/5. The injured worker had a positive straight leg raise on the left at 30 degrees, causing significant low back pain and left leg pain. The injured worker had focal tenderness in a palpable taut band of skeletal muscle, which produced a local twitch response to pressure against the band. The injured worker developed myofascial pain syndrome. The injured worker was given trigger point injections. The treatment plan included a BREG lumbar support for comfort and stability. The diagnosis included lumbar or lumbosacral intervertebral disc disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE BACK BRACE FOR DOS 8/6/2013: Upheld

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

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. There was a lack of objective findings that indicated the injured worker had spinal instability. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for retrospective back brace for DOS 8/6/2013 is not medically necessary and appropriate.