

Case Number:	CM13-0053635		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2013
Decision Date:	04/29/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 patient is a 60 year old female who was injured on 09/11/2013 sustaining a fall while at work. The right major upper extremity, right knee and spine was injured. Prior treatment history has included physical medicine and medications as well as: 11/30/2011 Right L4-S1 ESI 1024/2012 Bilateral L5-S1 ESI 02/20/2013 Right L5 transforaminal epidural steroid injection under fluoroscopic guidance. 2) Right S1 transforaminal epidural steroid injection. 3) Right L5 and right S1 epidurogram. PR-2 dated 09/26/2013 documented the patient to have complaints of a flare up of her low back pain with right anterolateral left radiation as well as radiation to her right flank on 09/13/2013 without precipitating event. Objective findings on exam included examination of the neck with no tenderness to palpation, from, Spurling test negative, no rigidity, and pain not worsened with extension/flexion/rotation/lateral flexion. Exam of extremities reveals 4/5 motor strength of right leg and 4+/5 of left leg and 4/5 right hand grip strength with no swelling, atrophy, no color/hair pattern/temperature changes. There is normal sensation to light touch, no hyperalgesia/allodynia/dysesthesia. Cranial nerves 2 through 12 grossly intact. Back with no tenderness to palpation. FROM, pain worsened with flexion. Straight leg raise positive on right. Patrick's, FABER, Gaenslen's all positive bilaterally. Reflexes 2+ bilaterally and symmetric. Assessment: 1. Lumbar spine 2. Myofascial pain 3. SI joint arthritis 4. Cervical radiculopathy 10/29/2013 Patient went to see [REDACTED] who said that she is not a surgical candidate. Objective findings on exam were essential unchanged. The treatment plan was to continue medications. She is being worked up for right L5 decompressive surgery with [REDACTED]. [REDACTED] She has been deemed not a surgical candidate by [REDACTED]. He has recommended a back brace and thus a request for authorization for a back brace will be sent.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BACK BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports

Decision rationale: According to the Official Disability Guidelines, there is no evidence that lumbar support braces provide any preventive benefit and are no more effective than doing nothing for the treatment of low back pain. They are only considered for treatment of specific low back conditions, such as spondylolisthesis, compression fractures, and documented instability. The medical records do not indicate that the patient has any of these diagnoses. Based on the lack of sufficient documentation and evidence supporting their use, the request for a lumbar back brace is non-certified.