MAXIMUS Federal Services

Case Number:	CM13-0055971		
Date Assigned:	12/30/2013	Date of Injury:	05/29/2009
Decision Date:	08/19/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 Alabama, New York, and Maryland. 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 39 year old male who was injured on 05/29/2009 when he slipped and fell while working as a store manager. He has been treated conservatively with 7 sessions of physical therapy and he has had injections but it did not provide him with relief of his symptoms.Diagnostic studies reviewed include MRI of the lumbar spine performed 04/18/2011 demonstrated disc damage and desiccation at the left of L5-S1 with annular tear toward the right side. MRI of the lumbar spine dated 10/23/2013 was unchanged from 04/18/2011. Progress report dated 10/31/2013 states the patient indicated he had right and low back pain. He stated the pain starts in his right side of the lower back and radiates into the right hip and down the right leg. Objective findings on exam revealed plantar flexors and dorsiflexors are slightly weak on the right leg and rated it as 4+/5 compared to the left side which is 5/5. Sensation is intact to light touch bilaterally. He has a diagnoses included chronic low back pain, right leg pain, bilateral knee pain, bilateral foot pain and persistent bilateral ankle and left foot pain. A lumbar brace has been recommended as well as physical therapy for the lumbar spine and right knee, 3 times a week for 4 weeks. He was dispensed Ultram ER 150mg, Menthoderm Gel 120gm to use as a topical analgesic, Anaprox 550mg as an anti-inflammatory and Protonix 20mg. Prior utilization review dated 11/15/2013 states the request for a lumbar brace is denied as the need for the brace has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Brace.

Decision rationale: The Official Disability Guidelines recommends the use of back bracing for the treatment of acute low back pain from an injury. They have not also been shown to have any benefit in the prevention of further injury. The medical records document the patient has chronic low back pain. Further, the document does not show previous use of back brace that has benefited the patient. Based on the Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.