

Case Number:	CM13-0067947		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2010
Decision Date:	05/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/18/2013

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 injured worker is a 36-year-old male who reported an injury on 06/15/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to their low back. The injured worker's treatment history included medications, physical therapy, and epidural steroid injections. The injured worker was evaluated on 10/25/2013. It was documented that the injured worker had tenderness to palpation over the lumbar paraspinal musculature with vertebral tenderness over the T5-6, T6-7, T7-8, L4-5 and L5-S1 with decreased lumbar range of motion. The injured worker's diagnoses included T6-7 and T7-8 right paracentral disc herniation, T5-6 and T8-9 disc herniation, multilevel disc protrusions of the lumbar spine, lumbar radiculopathy, thoracic neuralgia, lumbosacral sprain/strain and chronic sleep disturbance secondary to pain. The injured worker's treatment plan included an epidural steroid injection, refill of medications, and a therapeutic pillow. A request was made for a back support brace; however, no justification was provided for that request.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK SUPPORT BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Methods, Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: The MTUS/ACOEM Guidelines does not support the use of a back brace or lumbar supports in the management of acute or chronic pain. In this case, there are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for back support brace is not medically necessary and appropriate.