

Case Number:	CM14-0003201		
Date Assigned:	01/31/2014	Date of Injury:	12/31/2003
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery 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 has submitted a claim for low back and left shoulder pain associated with an industrial injury date of December 31, 2003. Treatment to date has included medications, acupuncture, and left shoulder surgery. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain, worsened with sitting and improved with standing. The patient also complained of left shoulder pain and stiffness. On physical examination, there was tenderness of the lumbar paraspinals and there was limited lumbar range of motion. Straight leg raise test was negative bilaterally.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

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

Decision rationale: According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute

phase of symptom relief. In this case, the patient's low back problems are of chronic nature and the medical records did not provide a discussion regarding the indication for use of a back support brace despite guidelines stating that there are no benefits beyond acute symptom management. Therefore, the request for the back support brace is not medically necessary.