

Case Number:	CM14-0007351		
Date Assigned:	02/05/2014	Date of Injury:	10/12/2009
Decision Date:	06/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 45-year-old who reported an injury on October 12, 2009. The injured worker had a physical evaluation on November 26, 2013. She complained of neck pain, upper and lower back pain and right shoulder pain. She requested a back brace for the flare up of her lower back pain. The objective findings included parathoracic tenderness from T1 to T12-L1. There were lower thoracic and lumbar spasms. Anteflexion of the trunk on the pelvis is 30 degrees, extension is 0, rotation to the left is 10 degrees, to the right is 10 degrees, lateral flexion to the left is 5 degrees and to the right is 5 degrees. The injured worker was diagnosed with chronic lumbar back pain with a L4-L5 disc bulge and a 4mm ovoid cyst within the conus medullaris portion of the spinal cord on the MRI scan on October 7, 2013. The treatment plan included Norco, Lidoderm pain patches, TENS (transcutaneous electrical nerve stimulation) treatments and an order for a lumbar support brace. A State of California Division of Workers Compensation Request for Authorization for Medical Treatment was submitted with this review and dated November 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SUPPORT BRACE PURCHASE: 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.

Decision rationale: The request for Lumbar Support Brace Purchase is non-certified. The Low Back Complaints Chapter of the ACOEM Practice Guideline states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker has a significant history of chronic pain; however, it was unclear if the injured worker had a condition which would benefit from a lumbar support brace purchase. It did not appear the injured worker had significant instability to the lumbar spine. The request for a Lumbar support brace is not medically necessary or appropriate.