

Case Number:	CM14-0007472		
Date Assigned:	02/07/2014	Date of Injury:	03/23/2013
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 Family Practice, has a subspecialty in Preventative Medicine 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:

This 53 year old male claimant sustained a work injury on 3/23/10 involving the low back. He had a diagnosis of degenerative disc disease. An EMG study on 10/1/13 noted peripheral polyneuropathy bilaterally with no lumbar radiculopathy. A progress note on 12/9/13 indicated the claimant had 10/10 pain and was using Norco, Nabumetone and had received epidural steroid injections. On 12/26/13, the treating physician noted that the claimant was comfortable in the exam room and seen flexing the L-spine (observed without claimant knowing). Waddell's sign was positive. The treating physician requested a lumbar support brace on 12/26/13 to be used at work along with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SUPPORT BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK Page(s): 295-309.

Decision rationale: The claimant had a positive Waddell's sign indicated an exaggerated non-physiologic pain response. The MTUS guidelines do not recommend the use of Corset's or back

braces. There is no indication based on normal flexion noted in the last examination of the lumbar spine. A lumbar brace is not medically necessary.