

Case Number:	CM14-0104216		
Date Assigned:	07/30/2014	Date of Injury:	05/19/2014
Decision Date:	10/01/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 injured worker's date of injury is 05/19/2014. This patient experienced something pop in his back when he pulled down on the hood of a truck while at work. The clinical note from an orthopedic consultant was reviewed. He states that the patient receives treatment for persisting low back pain that radiates to the hips, buttocks, and lower extremities. A CURES report shows the patient is taking Norco 6 tablets a day prior to the work-related injury (not subject for review). Thoracolumbar spine X-rays show spondylosis and no evidence of fractures. On the back exam there is 40 degrees of flexion and 10 degrees of extension. There are muscle spasms. Motor exam is intact, but sensory and reflex examinations are not documented. The diagnoses are thoracic spondylosis with mid back pain and low back pain. Physical therapy was requested (not subject for review). A back brace was requested to be used "when walking or at work."

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-298.

Decision rationale: Treatment guidelines do not recommend back supports to treat low back complaints, except in limited clinical settings; such as, post-operative patients who have had low back surgery and patients with spinal compression fractures. This patient receives treatment for persisting mid and low back strain. A back brace is not medically indicated.