

Case Number:	CM14-0105521		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2013
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Texas. 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 44 year old male who reported an injury on 02/21/2013; the mechanism of injury reportedly was caused by moving a heavy object. The diagnoses included lumbar slipped disc L3, L4, and L5. The past treatments included one lumbar epidural block with no relief, bilateral sacroiliac injections that gave approximately six months of relief, transcutaneous electrical nerve stimulation trial and medications. A surgical history was not provided. Diagnostic studies included an MRI of the lumbar spine, dated 04/19/2013, which revealed the presence of herniated discs L3, L4, and L5, unofficial. The clinical note dated 07/16/2014 indicated the injured worker complained of constant, moderate low back pain rated 4/10. The physical exam revealed tenderness in both sacroiliac joints and positive sacroiliac compression test. Current medications included Conzip and Lorzone. The treatment plan included a lumbar back brace for support and stability. The request for authorization form was not provided.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The request for lumbar back brace is not medically necessary. The clinical note indicated the injured worker complained of low back pain, with physical exam findings of tenderness in both sacroiliac joints. The California MTUS/ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker reported the injury on 02/21/2013 and is beyond the acute phase of symptoms. There is a lack of clinical documentation to support the need for a brace beyond the guideline recommendations. Therefore, the request for a lumbar back brace is not medically necessary.