

Case Number:	CM14-0106575		
Date Assigned:	07/30/2014	Date of Injury:	06/28/2011
Decision Date:	10/14/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational 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 is a 37-year-old male with a 6/28/11 date of injury. The patient sustained an injury while moving a container when he developed severe lower back pain with pain radiating into the legs. According to a handwritten progress report dated 5/20/14, the patient complained of low back pain that radiated down to right lower extremities with spasms. She stated that her prior physical therapy did not help. Objective findings: tenderness to palpation L4-S1, painful range of motion. Diagnostic impression: disc herniation at L5-S1 with compression of S1, nerve root left greater than right. Most of this note was illegible. Treatment to date: medication management, activity modification, physical therapy, ESI. A UR decision dated 6/9/14 denied the request for a LSO brace. There is no evidence to suggest that bracing improves fusion rates post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, ODG states that lumbar supports are not recommended for prevention, as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, guidelines only support back braces in the acute phase of injury. In addition, there is no evidence that the patient has instability or compression fractures. Therefore, the request for LSO Back Brace was not medically necessary.