MAXIMUS Federal Services

Case Number:	CM14-0108399		
Date Assigned:	08/01/2014	Date of Injury:	05/18/2011
Decision Date:	09/26/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/12/2014

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 45-year-old male patient with a 5/18/11 date of injury. The exact mechanism of injury has not been described. A progress report dated on 9/11/13 indicated that the patient complained of lower back pain with right greater than left lower extremity symptoms, 6/10, and left shoulder pain, 5/10. Objective findings revealed tenderness over the lumbar spine, with normal range of motion. He was diagnosed with L5-S1 protrusion with radiculopathy, and left shoulder impingement syndrome with rotator cuff tendinopathy. Treatment to date: medication management. There was documentation of a previous 6/30/14 adverse determination, based on the fact that the patient was not in an acute phase and did not match guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back-brace retro 09/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. 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. On the retrospective progress report dated on 9/11/13, it was indicated that the patient had lower back pain 6/10. He stated the prescribed medication gave functional improvement. Guidelines recommend back braces only in acute phase of symptoms. However, the requested date was two years from the date of injury and the patient was far from being in an acute phase. There was no exacerbation of the patient's chronic pain documented. In addition, there was no new compression fractures reported in the medical records. Therefore, the request for LSO Back-Brace Retro 09/11/13 is not medically necessary.