

Case Number:	CM14-0109496		
Date Assigned:	08/01/2014	Date of Injury:	10/08/2013
Decision Date:	09/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant presents with chronic low back pain following a work related injury on 10/08/2013. The claimant was diagnosed with displacement of lumbar intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, thoracic sprain, internal derangement shoulder. On 1/23/14, the claimant reported sharp constant pain rated 7-8/10 on the low back and upper back the physical exam showed tenderness in the lumbar and cervical spine. A claim was made for lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Per MTUS ACOEM Practice guidelines, lumbar support have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Since the date of injury the physical exam has remained unchanged and there is lack of documentation of an acute

injury or exacerbation; therefore the request for a lumbar support brace is not medically necessary.