

Case Number:	CM14-0010249		
Date Assigned:	02/21/2014	Date of Injury:	09/05/2000
Decision Date:	09/11/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/28/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 73 year old female who sustained a work injury on 09/05/2000. The worker has been diagnosed of; Lumbar spondylosis with disk herniation, right lower extremity radiculopathy, and status post lumbar spine surgery in 12/09/2012. She has continued to experience low back pain. The pain is constant, radiates down her right lower extremities. It is worse with prolonged sitting, bending and lifting. It is associated with numbness and tingling in her lower extremities, and she also has swelling her right lower extremities. The physical examination revealed restricted range of motion of her low back, palpable tenderness and spasms of the lower back. She has diminished sensation in her right lower extremity, as well as reduced muscle strength in her right ankle. The reflexes are decreased in her right ankle, and she has edematous right lower extremities. She has at various times been treated with Ambien, Quazepam, Sonata, Diazepam, Flexeril, Coedine, Naproxen, Diclofenac, Norco, Tramadol, Colace. The dispute in her doctor's request is for the horizon 831 lower back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizon 831 Lower 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 - LUMBAR SUPPORTS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301. Decision based on Non-MTUS Citation ACOEM, 3rd Edition 2011, <http://apgi.acoem.org/Browser/ViewRecommendation.aspx?rcm=3549&text=BACKBRACE> Low Back Disorders, Online Edition.

Decision rationale: Lumbar back support provide little or no benefit, rather, they provide a false sense of security. Therefore, The MTUS, and the ACOEM guidelines 3rd Edition recommend against their use. Consequently, for Horizon 831 Lower Back Brace is not medically necessary and appropriate.