

Case Number:	CM14-0014655		
Date Assigned:	02/28/2014	Date of Injury:	01/13/2012
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 Oklahoma, Texas, California and Tennessee. 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 53 year old male whose date of injury is 02/02/2012. The mechanism of injury is described as repetitive work duties. Radiographic report of the lumbar spine dated 02/08/12 revealed minimal discogenic spondylosis at L3-4. Lumbar MRI dated 03/07/12 revealed diffuse disc protrusion at L3-4, L4-5 and L5-S1. Progress report dated 05/29/13 indicates that the injured worker complains of cervical and lumbar pain and stiffness. Note dated 08/07/13 indicates that the injured worker complains of pain in the lumbar spine that travels to the lower extremities with numbness and tingling. He has reportedly not improved with medication management, activity modification and extensive courses of physical therapy. Follow up note dated 11/27/13 indicates that there is decreased mobility of the lumbar spine.

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 MTUS: , LOW BACK COMPLAINTS, 12

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

Decision rationale: Based on the clinical information provided, the request for LSO back brace is not recommended as medically necessary. The Official Disability Guidelines note that lumbar supports are not recommended for prevention of low back pain. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. There is no documentation of compression fractures, spondylolisthesis, or documented instability. There is no current, detailed physical examination submitted for review and no clear rationale was provided to support the requested back brace. The request is not medically necessary or appropriate.