

Case Number:	CM14-0016160		
Date Assigned:	03/05/2014	Date of Injury:	11/25/1981
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/08/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 63-year-old male who reported an injury on 11/25/1981. The mechanism of injury was the injured worker was bending over a door and fell on his back. The documentation of 09/18/2013 revealed the injured worker had severe low back pain with radiation of pain into the left lower leg. The injured worker was having increased pain in the lower back and left leg. The physical examination revealed the injured worker had tenderness and spasm in the left lower lumbar region. The injured worker had weakness with toe walking and plantar flexion of the ankle and foot. The injured worker had decreased sensation at the plantar aspect of the left foot. The range of motion was limited. The diagnosis was disc protrusion 3 mm at L4-5 and L5-S1 with left-sided radiculopathy. The treatment plan included physical therapy, medication, and an MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The Expert Reviewer's decision rationale: ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. Additionally, the continued use of back brace could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to indicate the injured worker had spinal instability as there was no DWC Form RFA or PR2 submitted to support the requested service. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for a back brace is not medically necessary.