

Case Number:	CM14-0123371		
Date Assigned:	08/08/2014	Date of Injury:	07/26/2006
Decision Date:	10/09/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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 Illinois. 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 who reported an injury on 07/26/2006. The mechanism of injury was not provided. On 07/01/2014, the injured worker presented with lumbar spine pain. Upon examination the musculoskeletal revealed 80% flexion, 60% extension, 80% lateral movement in the lumbar spine with normal motor strength. The diagnoses were lumbar spine pain, degenerative disc disease of the lumbar spine and sciatica. Current medications included tramadol, Aciphex, Skelaxin and Celebrex. The provider recommended the purchase of a lumbar back support brace. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase: Lumbar Back Support Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for a purchase of a lumbar back support brace is not medically necessary. The California MTUS/ACOEM Guidelines state because evidence is insufficient to

support using vertebral axial decompression for treating low back injuries it is not recommended. There is no medical indication that a back brace would assist in the treatment for the injured worker.