MAXIMUS Federal Services

Case Number:	CM14-0125554		
Date Assigned:	08/11/2014	Date of Injury:	03/07/2012
Decision Date:	09/18/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Pain 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 patient is a 34-year-old male who sustained a twisting injury to his knee and back on 03/07/12 when he was lifting a piece of concrete and stepped in a small hole. He complained of lower back pain radiating to the right leg. He has pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. The pain is characterized as stabbing; there is radiation of pain into the lower extremities and it is rated as 8. Examination of the lumbar spine revealed tenderness to palpation over paravertebral muscles and guarded and restricted range of motion with flexion and extension. MRI of his lumbar spine revealed significant disc herniation at L5-S1 with annular tearing and neural compromise, as well as disc desiccation at L5-S1. He was treated conservatively with medications, ibuprofen 800 mg and Menthoderm 120 g. Diagnosis: Lumbago. Authorization was requested for Transcutaneous Electrical Nerve Stimulation (TENS) Unit plus supplies and a back brace, and only TENS unit was approved. The request for Back brace was denied on 07/07/2014.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (http://odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the CA MTUS/ACOEM the request for purchase of a low back brace is not medically necessary.