

Case Number:	CM14-0135745		
Date Assigned:	08/29/2014	Date of Injury:	12/22/2002
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 57 year-old with a date of injury of 12/22/02. A progress report associated with the request for services, dated 07/10/14, identified subjective complaints of low back pain. Objective findings only noted that the patient uses a walker. Diagnoses included (paraphrased) lumbar disc disease; trigger points; and depression. Treatment had included medications, physical therapy, and epidural steroid injections. A Utilization Review determination was rendered on 07/18/14 recommending non-medical necessity for the "Back Brace - Lumbar Spine".

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace - Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Back Brace/Lumbar supports.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom

relief. The patient is beyond the acute phase of their illness. Therefore, there is no documentation for the medical necessity for a back brace.