

Case Number:	CM14-0138880		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2012
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 29-year-old female with a 6/21/12 date of injury. A utilization review dated 7/29/14 denied the request for a purchase of a back brace. At that time, there was documentation of subjective complaints of low back pain and right lower extremity pain, but there were no specific objective findings documented. Her diagnoses were listed as sprains and strains of the neck and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date includes medication. There is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 and 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support

Decision rationale: ACOEM, as referenced by the MTUS, identifies that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG identifies documentation of compression fractures, spondylolisthesis, or instability as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of the neck and thoracic or lumbosacral neuritis or radiculitis unspecified. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for purchase of back brace is not medically necessary.