

Case Number:	CM14-0161919		
Date Assigned:	10/07/2014	Date of Injury:	11/02/1994
Decision Date:	11/03/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/02/2014

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:

Patient is a 60 year-old male with date of injury 11/02/1994. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/17/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed pain with back flexion and extension. Rotation and lateral bending were within normal limits. Motor exam of lower extremities was 5/5 bilaterally with normal tibialis anterior L4, normal great hallux extension L5, and normal peroneus S1. No numbness or tingling of lower extremities bilaterally. There was paraspinous muscle spasm and tenderness. Babinski reflexes were down going. Direct palpation at the right L4-5 facet was noticeably enlarged and very painful. Diagnosis: 1. Chronic back pain 2. Right L4-5 facet pain. Patient is currently enrolled in aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Lumbar Back Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient's injury was in 1994. A back brace is not medically necessary.