

Case Number:	CM14-0170102		
Date Assigned:	10/20/2014	Date of Injury:	01/10/2011
Decision Date:	12/11/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This is a 39 year-old male with a 1/10/11 date of injury to his lower back after lifting boxes. The patient was seen on 6/24/14 with complaints of low back pain 6-8/10. Exam findings revealed limited range of motion of the L spine in all planes, as well as tenderness to palpation over the Para lumbar spinal muscles. Lower extremity strength was a 5-/5 bilaterally. The diagnosis is Lumbar disc syndrome. Treatment to date: LESI, PT, HEP, medications (Tramadol and Omeprazole). An adverse determination was received on 9/23/14 given lumbar supports are not recommended for the prevention of back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar supports

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

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. There is no evidence or diagnosis of a compression fracture or spondylolisthesis in this patient. There were no imaging records of the L spine available for review. Therefore, the request for an Adjustable back brace Is not medically necessary.