

Case Number:	CM14-0170510		
Date Assigned:	10/20/2014	Date of Injury:	06/10/2014
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
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 American Board Internal 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:

The injured worker (IW) is a 31-year-old woman with a date of injury of June 10, 2014. The mechanism of injury was not documented in the medical record reviewed for this request. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated August 19, 2014, which is hand written and largely illegible, states the injured worker's subjective complaints include, but are not limited to: Low back pain. The remaining complaints are illegible. Objective findings include: (+) L/S disc bulge, and decreased grips right side (body part not detailed). The remaining objective findings are illegible. The current documented diagnoses include: Lumbar disc bulge (722.00); cervical strain (847.0); lumbar strain (847.2); bilateral carpal tunnel syndrome (354.0); and 726.2 (?), illegible in medical record. Treatment plan indicates physical therapy, acupuncture, and follow-up in 4 to 6 weeks. There is a box checked in the treatment plan that states, "Subjective and objective findings have been analyzed, the patient has diminished pain, demonstrates improved range of motion, and improvement in motor strength."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

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

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 Section; Lumbar Support

Decision rationale: Pursuant to the ACOEM guidelines lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines state lumbar supports are not recommended for prevention. They are understudy for nonspecific low back pain. Lumbar braces/supports are recommended as an option for compression fractures, specific treatment of spondylolisthesis, documented instability, or postoperative treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent low back pain. In this case, the documentation was very limited and in a single page of documentation present in the medical record is largely illegible. The injured worker did not have any of the aforementioned conditions compression fractures, spondylolisthesis, documented instability or a postoperative treatment. Consequently, lumbar support is not medically necessary. Based on the clinical information and medical record and peer-reviewed evidence-based guidelines, lumbar brace is not medically necessary.