

Case Number:	CM14-0177343		
Date Assigned:	10/30/2014	Date of Injury:	06/09/2014
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 6/9/2014. He was diagnosed with neck and thoracic strain. He was treated with lumbar brace, medications, and physical therapy. On 9/2/14. The worker was seen by his chiropractor complaining of headaches, dizziness, neck pain, middle and low back pain, and bilateral knee pain. Physical findings included muscle spasm and tenderness of the back and shoulders and tenderness of the knees. He was then recommended physical therapy, neurology referral, another back brace (reason not given), cervical pillow, and bilateral knee braces. He was then told to return to work on 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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 supports

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, he had been approved a back brace, although there was already using a back brace before this request. There was no documented explanation as to why he required a new brace. Also, there was no evidence to suggest the brace was improving his overall function from previous use. Therefore, the lumbar support requested, is not medically necessary.