

Case Number:	CM14-0185468		
Date Assigned:	11/13/2014	Date of Injury:	11/18/2005
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 patient is a 48 year old male who has developed chronic cervical, lumbar and shoulder pain subsequent to an injury dated 11/18/05. He has had spinal surgery, but continues to have discomfort. His current treatment consists of oral analgesics. A lumbar brace is requested; however, there is no documentation of an instability or recent spinal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 397-398.

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

Decision rationale: MTUS Guidelines do not support the use of lumbar supports for chronic low back pain. There may be some unique circumstances, such as fracture or instability that could be an exception to this recommendation. However, there is no documentation that a qualifying condition exists in this case. Under these circumstances a lumbar brace is not MTUS supported; therefore, this request is not medically necessary.