

Case Number:	CM14-0023045		
Date Assigned:	05/12/2014	Date of Injury:	11/15/2010
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 54-year-old female patient with an 11/15/10 date of injury. 2/13/14 progress report indicates persistent low back pain. 12/2/13 progress report indicates persistent low back pain described as constant and radiating into the buttocks. There is frequent mild to moderate stress, anxiety, and depression. The patient reports difficulties with activities of daily living and has increased pain in the low back. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion, positive straight leg raising bilaterally. Lumbar x-rays demonstrated degenerative disk disease at L3-4. Treatment in the has included physical therapy, medication, activity modification, acupuncture, chiropractic care, and a lumbar epidural steroid injection. There is documentation of a previous 1/31/14 adverse determination; previous reasons for non-certification were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12, 301.

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 Chapter), Back brace.

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. However, while the patient has had extensive conservative care, there is no specific evidence that all such modalities would have been unsuccessful in alleviating the patient's complaints. There is no documented instability, compression fracture or recent surgery. It is questionable what a lumbar spine brace would add to the patient's therapeutic regimen with a 2010 date of injury. Therefore, the request for a LUMBAR SPINE BRACE was not medically necessary.