

Case Number:	CM14-0025186		
Date Assigned:	06/20/2014	Date of Injury:	01/31/2006
Decision Date:	08/13/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 is a 68-year-old male who reported an injury on 01/31/2006. The mechanism of injury was not provided in the medical records. His diagnosis is chronic lumbar disease. His previous treatments were noted to include NSAIDs, muscle relaxants, pain medications, topical analgesics, activity restriction, physical therapy, and use of a TENS unit. On 12/16/2013, the injured worker was seen for persistent low back pain, rated 5/10. His physical examination revealed decreased range of motion of the lumbar spine as well as tenderness to palpation over the paraspinal muscles bilaterally. A recommendation was made for a short course of physical therapy for the lumbar spine. A request for authorization dated 01/21/2014 was submitted indicating a request for a lumbar brace. However, the rationale for the request was not specified.

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): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines, lumbar supports are not recommended beyond the initial phase of acute symptom relief. The clinical information submitted for review indicated that the injured worker has reported pain since his 01/31/2006 injury. As he has exceeded the acute phase of symptom relief, a lumbar brace is not supported by the Guidelines. In addition, a clinical note which coincides with the request for authorization was not provided in order to establish a clear rationale or indication for the request. Therefore, the request for a lumbar brace is not medically necessary and appropriate.