

Case Number:	CM14-0027182		
Date Assigned:	06/13/2014	Date of Injury:	07/16/2012
Decision Date:	07/16/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44-year-old male whose date of injury is 07/16/2012. The mechanism of injury is described as a slip and fall. Consultation note dated 03/05/14 indicates that treatment to date includes chiropractic, acupuncture, physical therapy and nerve block. The injured worker's surgical history is negative. On physical examination deep tendon reflexes are 2+ in the right lower extremity and 1+ left lower extremity. Sensation in the left lower extremity is reduced in the L4-S1 dermatomes. There is tenderness to palpation in the bilateral lumbar paraspinal muscles. Straight leg raising is positive on the left at 50 degrees. Diagnoses are lumbar or thoracic radiculitis/radiculopathy; low back pain; myofascial pain; cervicgia, neck pain; and hypertension not otherwise specified (NOS).

IMR ISSUES, DECISIONS AND RATIONALES

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

CHAIRBACK BRACE WITH BACK PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar supports.

Decision rationale: Based on the clinical information provided, the request for chairback brace with back panel is not recommended as medically necessary. The Official Disability Guidelines note that lumbar supports are not recommended for prevention of low back pain. There is no documentation of instability, spondylolisthesis or compression fracture. There is no clear rationale provided to support the requested chairback brace with back panel at this time for medical necessity.