

Case Number:	CM14-0027809		
Date Assigned:	06/16/2014	Date of Injury:	06/15/2004
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
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 Preventive Medicine, has a subspecialty in Occupational 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 53 year old male injured on 06/15/04 due to an undisclosed mechanism of injury. Current diagnoses include lumbar strain. The clinical note dated 02/05/14 indicated the injured worker presented complaining of increased low back pain rated at 9/10 due to the lack of medication and frustration. Physical examination of the cervical spine revealed stiffness and tightness, decreased range of motion, no radiation of pain to the upper extremities, tenderness to palpation at L4-5, decreased range of motion of the lumbar spine, straight leg raise positive bilaterally, sensation intact to bilateral lower extremities. Prescribed medications include Motrin 800mg, twice daily and Prilosec 20mg, twice daily for stomach protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBOSACRAL BRACE WITH BRACKETS: Upheld

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

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

Decision rationale: The request for lumbosacral brace with brackets is not medically necessary. The submitted clinical records indicate the injured worker has a chronic history of back pain

primarily treated with oral medications. The injured worker is not working and there is no evidence of instability on imaging studies. Both American College of Occupational and Environmental Medicine and 2013 Official Disability Guidelines, 18th edition do not support the use of lumbar braces in the treatment of chronic back pain.