

Case Number:	CM14-0030423		
Date Assigned:	04/09/2014	Date of Injury:	11/18/2011
Decision Date:	05/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation and Pain Management, 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 52-year-old male who reported an injury on 11/18/2011. The mechanism of injury was not provided. Current diagnoses include lumbar spine disc herniation, lumbar spine radiculopathy, and status post lumbar fusion. The most recent Physician's Progress Report submitted for this review is documented on 10/16/2013. The injured worker reported persistent lower back pain. Physical examination revealed limited and painful range of motion of the lumbar spine. Treatment recommendations included continuation of current medication and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE FOR THE LUMBAR SPINE: 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: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the

documentation submitted, the injured worker was 6 months status post lumbar fusion. There was no documentation of significant instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary and appropriate.