

Case Number:	CM14-0031948		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2013
Decision Date:	08/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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:

The claimant injured his low back on 02/15/13. A low back brace is under review. He had an MRI on 06/26/13 that showed mild multilevel disc disease from L3-4 through L5-S1 with mild spinal stenosis and no fracture or malalignment. On 01/07/14, he had decreased mobility and strength and increased pain. He had tightness of the paraspinals. PT was recommended. He attended 29 PT sessions from 03/08/13-01/15/14. He still had constant low back pain. His lumbar range of motion remains decreased and painful and had a positive straight leg raise test. He was given medications. He declined a lumbar ESI. On 06/04/14, he was advised to continue his home exercises including biking, walking, swimming, and lifting light weights up to 25 pounds. He had aquatic therapy. Functional Capacity Evaluations have been completed. P&S was expected at the next visit. He saw [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter; Lumbar Supports.

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, lumbar support.

Decision rationale: The history and documentation do not objectively support the request for a back brace. The MTUS do not address the use of back braces for chronic pain. The ODG state lumbar supports are "not recommended for prevention. Recommended as an option for treatment. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." In this case, there is no evidence of instability of the spine or recent or pending surgery. The specific indication for a back brace has not been described and none can be ascertained from the records. The medical necessity of this request has not been clearly demonstrated therefore the back brace is not medically necessary.