

Case Number:	CM14-0037351		
Date Assigned:	06/25/2014	Date of Injury:	11/02/2000
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Practice 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 45 yr. old male claimant sustained a work injury on 11/2/2000 involving the wrists, neck and back. He has a diagnosis of cervical sprain, lumbar herniated discs with radiculopathy and bilateral carpal tunnel. He has used oral analgesics and undergone therapy to improve chronic pain symptoms and function. An exam report on 1/18/14 indicated the claimant had 8/10 low back pain. Exam findings were notable for tenderness to palpation of the lumbar spine. The physician ordered a CTLSO brace for support and to alleviate symptoms.

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 Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The MTUS and ACOEM guidelines do not address lumbar braces. Therefore based on the ODG guidelines, there is not enough evidence to support the use of a lumbar brace. In addition, the claimant has had the symptoms for 14 years. It may be appropriate for pain lasting 1 to 3 months. The request for a lumbar brace is not medically necessary.