

Case Number:	CM14-0040762		
Date Assigned:	06/27/2014	Date of Injury:	06/19/2013
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Management, and is licensed to practice in California and Washington. 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 39-year-old with a reported date of injury on June 19, 2013. The mechanism of injury was noted to be a fall. Her diagnoses were noted to include lumbar sprain, thoracic or lumbosacral neuritis or radiculitis. His previous treatments were noted to include physical therapy, surgery, medications, and epidural steroid injections. The progress note dated February 27, 2014 revealed the injured worker complained of constant low back pain with left lower extremity numbness and tingling to the foot, and complained of difficulty walking and standing and climbing stairs. The injured worker complained of frequent low back pain rated 6/10 to 7/10, and it was sharp in character, and it was a central pain. The physical examination revealed there was an unequal weight distribution of 50 pounds, greater on the right side. There was tenderness over the midline lower lumbar spine, bilateral sacroiliac joint, and sciatic notch. The injured worker was noted to have decreased range of motion to the lumbosacral spine and decreased motor strength. The injured worker was noted to have positive Patrick/Faber's, positive straight leg raise, and heel-toe walk with weakness and pain. The injured worker was noted to have normal posture. The Request for Authorization form was not submitted within the medical records. The request was for a durable medical equipment - back brace purchase; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The injured worker has date of injury in June of 2013. The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines do not recommend lumbar support for the treatment of low back disorders. The guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is a lack of documentation regarding back instability to warrant a lumbar support, and the injury is over six months old, and the guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request for the purchase of a back brace is not medically necessary or appropriate.