

Case Number:	CM14-0042916		
Date Assigned:	06/30/2014	Date of Injury:	12/22/1988
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 injured worker is a 75-year-old male who reported an injury on 12/22/1988. The mechanism of injury was a fall. His diagnoses were lumbago, lumbar disc displacement, and lumbar disc degeneration. His past treatments included physical therapy, topical compounds, medicated patches, medications, and epidural steroid injections. On 03/06/2014, the injured worker presented with complaints of low back pain with bilateral leg numbness. No objective findings were included within the note. The treatment plan included continued working regular duty, acupuncture, and a back brace for support. The request for authorization was submitted on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace for support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): text pages 298-301, 2007 revised edition, pages 138-140. Decision based on Non-MTUS Citation Official Disability Guidelines- Lumbar Support.

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

Decision rationale: The request is not medically necessary. According to the California MTUS/ACOEM Guidelines, lumbar supports are not recommended beyond the acute phase of symptom relief. Therefore, as the injured worker was noted to have low back since his injury which occurred in 1988, he has exceeded the acute phase of symptom relief and the request is not supported. As such, the request is not medically necessary.