MAXIMUS Federal Services

Case Number:	CM14-0055238		
Date Assigned:	07/07/2014	Date of Injury:	03/26/2010
Decision Date:	10/01/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medical 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:

This 24 year old patient had a date of injury on 3/26/2010. The mechanism of injury was not noted. In a progress noted dated 4/2/2014, subjective findings included daily pain in thoracic, lumbar, radiating down to legs There is pain in hip, knee, ankle. On a physical exam dated 4/2/2014, objective findings included poor weat bearing and stance phase duration and strike length on left side. SLR aggravates LBP, barely able to tolerate 35 degrees adaptive myofascial muscle shortening on the hamstrings. Diagnostic impression shows chronic pain, back pain, myofascial pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 4/17/2014 denied the request for lumbar support brace, stating that medical records do not provide an alternate rationale to explain or support why this treatment would benefit this patient, as treatment guidelines do not suggest that the requested brace is likely to have desired clinical benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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 chapter lumbar support

Decision rationale: CA MTUS does not address this issue. Per ODG Lumbar supports are not recommended for prevention in neck and back pain. They are recommended as an option for treatment 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). In a progress note dated 4/2/2014, it was noted that the lumbar support brace was needed to improve endurance for standing and walking. However, guidelines do not support use, and there was no documentation that this patient has compression fracture, spondylolisthesis, or instability. Therefore, the request for lumbar support brace is not medically necessary.