

Case Number:	CM14-0079611		
Date Assigned:	07/18/2014	Date of Injury:	07/21/1993
Decision Date:	08/25/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 Texas. 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 54 year old female whose date of injury is 07/21/1993. The mechanism of injury was not included in the documents sent for review. MRI of the lumbar spine dated 04/18/14 revealed there is marked decreased disc height, disc desiccation and vacuum disc phenomenon at L3-4 and L4-5. At L3-4 there is a 3-4 mm diffuse disc bulge which flattens the ventral thecal sac. In addition, there is a 3-4 mm broad based left sided disc protrusion at L4-5 encroaching upon the ventral aspect of the thecal sac. Impression is bilateral carpal tunnel syndrome and degenerative disc disease of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 524. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (web: updated 3/31/14) 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 Chapter, Lumbar supports.

Decision rationale: Based on the clinical information provided, the request for the back brace is not medically necessary. There is no current detailed physical examination or comprehensive assessment of treatment completed to date submitted for review. In addition, there is no documentation of instability, spondylolisthesis or compression fracture as required by the Official Disability Guidelines. The Official Disability Guidelines note that back braces are not supported for the prevention of low back pain. Therefore, there request is not medically necessary.