

Case Number:	CM13-0031690		
Date Assigned:	12/04/2013	Date of Injury:	05/19/2012
Decision Date:	01/07/2015	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/04/2013

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 Neurology, has a subspecialty in a Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 40-year-old man who sustained a work-related injury on May 19, 2012. Subsequently, the patient developed chronic low back pain. Prior treatments included: medications, TENS, topical cream, and exercise. According to a progress report dated October 1, 2014, the patient noted worsening of back pain and radicular symptoms into the left all the way to his feet, including, numbness, tingling, and pain. Examination of the lumbosacral spine revealed tenderness and spasm. There was limited range of motion, about 70% of normal. There was left sided L4 through S1 radiculopathy. There was numbness and tingling. There was positive straight leg raise, which was mild. There was also weakness with plantarflexion. The patient was diagnosed with low back pain, degenerative disc disease, herniated nucleus pulposus, spinal stenosis, lumbar radiculopathy and sciatica. The provider requested authorization for a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace/ Back Support for office use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.

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

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for lumbar Brace is not medically necessary.