

Case Number:	CM14-0177383		
Date Assigned:	10/30/2014	Date of Injury:	04/30/2013
Decision Date:	02/05/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 Medicine 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 patient is a 36 year-old female with date of injury 04/30/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/26/2014, lists subjective complaints as neck pain, low back pain with radicular symptoms to the right leg, and left wrist pain. Objective findings: Examination of the cervical spine revealed decreased range of motion in all planes, positive compression and depression shoulder test, spasm, and tenderness to palpation of the paraspinal muscles. Examination of the thoracic spine revealed decreased range of motion in all planes, tenderness to palpation of the bilateral paraspinals, spasm, and positive straight leg raise on the right. Deep tendon reflexes were 2+ and bilateral for both the upper and lower extremities. Diagnosis: 1. Brachial neuritis/radiculitis 2. Thoracic/lumbosacral neuritis/radiculitis 3. Wrist strain/sprain. 4. Thoracic strain/sprain 5. Cervical strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace for purchase: Upheld

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

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Back brace for purchase is not medically necessary.