MAXIMUS Federal Services

Case Number:	CM14-0184514		
Date Assigned:	11/10/2014	Date of Injury:	09/03/2014
Decision Date:	08/04/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	11/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 31 year old female, who sustained an industrial injury on 9/3/14. The symptoms experienced by the injured worker were not included. The injured worker was diagnosed as having a concussion, cervical strain, lumbar strain, and ataxia. Treatment to date has included medication. The injured worker complained of back pain. A note dated 9/16/14 states the injured worker was experiencing dizziness and blurred vision (thought to be related to medication), unsteady gait (unable to stand with eyes closed without losing her balance) and the lumbar spine revealed tenderness to palpation. A note dated on 9/23/14 states lumbar spine is tender to palpation and the cervical spine is slightly tender with adequate range of motion. There were no neurological and motor strength deficits noted. A request for a back brace (purchase) is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Lumbar Brace purchase is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention under study for treatment of nonspecific LBP recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has back pain. A note dated 9/16/14 states the injured worker was experiencing dizziness and blurred vision (thought to be related to medication), unsteady gait (unable to stand with eyes closed without losing her balance) and the lumbar spine revealed tenderness to palpation. A note dated on 9/23/14 states lumbar spine is tender to palpation and the cervical spine is slightly tender with adequate range of motion. There were no neurological and motor strength deficits noted. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar Brace purchase is not medically necessary.