

Case Number:	CM14-0193463		
Date Assigned:	12/01/2014	Date of Injury:	01/20/2011
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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:

The injured worker (IW) is a 57-year-old woman with a date of injury of January 20, 2011. The mechanism of injury occurred when the IW stopped in front of a child because the child allegedly came out in front of her causing injury to her back. The IW has been diagnosed with lumbago, chronic pain and depression. Previous treatment has included transforaminal nerve block and medications. Pursuant to the progress noted dated October 2, 2014, the IW reports that she is in a lot of pain. The IW was fitted for a back brace. She inquired about therapy. Objective findings revealed the IW is able to ambulate with a sit-down walker. She is very agitated and cries several times during the course of the interview. Straight leg raise test is positive at 30 degrees and there is increased ankle dorsiflexion bilaterally. Paraspinal spasms noted in the lower lumbar spine. Current medications include Hydrocodone 5/325mg, Seroquel 100mg, Gabapentin 600mg, Trazadone 200mg, Savella 50mg, Xanax 1mg, Ambien 10mg, Diovan 160mg, Metoprolol XL 50mg, and HCTZ 25mg. Treatment plan recommendations include the continuation with cognitive behavioral therapy and psychotropic management. The treating physician is requesting authorization for a back brace.

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 Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Lumbar Support

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, a back brace is not medically necessary. The guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option). In this case, the injured worker was 57 years old with a date of injury January 20, 2011. The working diagnoses are chronic pain and lumbago. Previous treatments included nerve blocks and medication. The treatment plan indicated a lumbar brace, a nurse evaluation monthly, a case manager, and a return appointment. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom. The treating physician recommended a back brace; however, the guidelines do not recommend lumbar supports past the acute phase. The injured worker is in the chronic phase. Consequently, a lumbar back brace is not medically necessary.