

Case Number:	CM14-0198957		
Date Assigned:	12/09/2014	Date of Injury:	03/04/2009
Decision Date:	01/26/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker's date of injury is 03/04/2009. This patient receives treatment for chronic low back pain. The patient drove a truck and unloaded heavy crates of soda and carbon dioxide containers. On leaving the truck, after his foot landed, he felt immediate pain on the right ankle and later on he developed low back pain. A lumbar MRI revealed herniated discs and degenerative facet joint disease. The patient received a series of epidural steroid injections. Medications taken include Soma and Norco. The medical diagnoses include chronic low back pain, lumbar facet arthropathy, and radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

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, lumbar supports.

Decision rationale: This receives treatment for chronic low back pain and facet joint disease. Although lumbar support braces may be medically indicated for the treatment of an acute lumbar

spine compression fracture or spondylolisthesis, they are not recommended in the clinical setting this patient has, namely, chronic low back pain and facet joint disease. An LSO back brace is not medically necessary.