

Case Number:	CM14-0201831		
Date Assigned:	12/12/2014	Date of Injury:	10/28/2013
Decision Date:	01/30/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 injured worker is a 31 year-old male who was injured on 10/28/13 when he slipped while pushing something down a conveyor. He recently complained of increasing lumbar spine pain radiating to bilateral lower extremities and posterior/lateral aspects of both feet with numbness and tingling. On exam, he had tender thoracic and lumbar spine, positive straight leg raise, and slight weakness of the left ankle dorsiflexion. A 1/2014 MRI showed borderline lateral recess narrowing and mild neural foraminal stenosis at L4-5 and neural foraminal stenosis at L5-S1. He was diagnosed with L4-5 degenerative disc disease with foraminal stenosis and right sided sacroiliitis. He also complained of shoulder pain in 2/2014 and was diagnosed with a SLAP tear of the right shoulder. His treatment included 6 water therapy visits, 10 physical therapy visits without relief, and medications such as anti-inflammatories. The patient had a brace in 10/2014 as per the chart summary. The current request is for an Aspen quick draw brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Aspen Quick Draw Brace: 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 rationale: As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The patient has had lower back pain for a year. The patient is currently out of the acute phase. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. He does not have signs of instability. And as per the chart summary, the patient was noted to have a back brace in 10/2014. The rationale for the use of this specific brace was not documented on in the progress notes. Therefore, the request is considered not medically necessary.