

Case Number:	CM14-0202658		
Date Assigned:	12/15/2014	Date of Injury:	04/30/2013
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/04/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Utah. 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 fifty-three year old male who sustained a work-related injury on April 30, 2013. A request for a back brace was non-certified in Utilization Review (UR) on November 11, 2014. The UR physician utilized the American College of Occupational and Environmental Medicine (ACOEM) guidelines in the determination. The UR physician noted that the ACOEM indicates lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptomatic relief and the clinical documentation indicated the injured worker reported the injury in 2013. The UR physician found that there was a lack of documented rationale for the request. A request for independent medical review (IMR) was initiated on December 2, 2014. A review of the documentation submitted for IMR included a physician's evaluation dated June 23, 2014. The evaluating physician documented that the injured worker complained of ongoing low back pain with radiation to the left leg with numbness and tingling in the bilateral legs. He also reported ongoing right shoulder pain and neck pain. His range of motion in the lumbar spine was limited and a detailed sensory examination of the lower extremities was normal. A detailed motor examination of the lower extremities from L1 to S1 was normal within all muscle groups. Diagnoses associated with the evaluation included cervical sprain with radicular symptoms, complaints of low back pain with radiation to the right lower extremity, lumbar spine strain with radicular symptoms, right shoulder rotator cuff tendonitis and status post lumbar fusion L4-5, L5-S1. The injured worker's work status was established as a return to modified work. An x-ray of the lumbar spine on September 30, 2014 revealed appropriate hardware and fusion process from previous spinal fusion surgery and discogenic disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 308.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for lumbar support, back brace. MTUS guidelines state the following: physical support for lumbar is not recommended. The request as written above is not indicated as a medical necessity to the patient at this time.