

Case Number:	CM14-0202836		
Date Assigned:	12/15/2014	Date of Injury:	08/04/2011
Decision Date:	01/31/2015	UR Denial Date:	11/13/2014
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 Internal Medicine and is licensed to practice in New York. 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 woman with a date of injury of 8/4/11. She was seen by her primary treating physician on 10-16-14 with complaints of increased lumbar spine symptoms. Her exam showed positive straight leg raises (right > left) and decreased sensation in L4-5 (right > left). She had limited range of motion in her lumbar and cervical spine with a left Spurling's and left shoulder impingement. Her diagnoses included discogenic disease low back L4-5 dermatome, cervical spine strain/sprain with radiation to left upper extremity at C6 dermatome and closed head trauma C5-6. At issue in this review is the request for a lumbar spine back brace for activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Back Brace: Upheld

Claims Administrator 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9; 301.

Decision rationale: This injured worker has complaints of chronic back pain. Per the ACOEM, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in her treatment and the provider note does not provide a rationale. The records do not substantiate the medical necessity for a lumbar back brace; therefore, the request is not medically necessary.