MAXIMUS Federal Services

Case Number:	CM14-0209696		
Date Assigned:	12/22/2014	Date of Injury:	09/19/2013
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas
Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old male who reported a work related injury on 09/19/2013. The mechanism of injury information was not provided in the medical records. Upon review of the medical record, it was noted the injured worker had diagnoses to include headache; cervical, thoracic, and lumbar spine sprain or strain; lumbar radiculopathy; insomnia. The injured worker's medication regimen included cyclobenzaprine 10 mg and hydrocodone 5/325 mg which were prescribed on 11/07/2014. The injured worker presented for pain management followup evaluation for continued complaints of neck pain and headaches which he rated 7/10 on the VAS without his medications and 5/10 on the use of medication regimen. He also had complaints of mid back pain with radiating pain to the bilateral ribs. He rated this pain at 8/10 on the VAS without his medications and 5/10 with the use of his medications. In addition to neck pain and mid back pain, the injured worker had complaints of low back pain with radiation to the bilateral lower extremities in addition to numbness. He also complained of a lack of sleep. Objective findings upon examination indicated that the injured worker had tenderness noted with spasms to palpation of the cervical spine, thoracic spine, and lumbar spine. The injured worker also was noted to have decreased range of motion in the cervical spine, thoracic spine, and lumbar spine as well. It was noted on the pain management progress report dated 11/07/2014 that there was a pending authorization for acupuncture treatment in addition to pending authorization for a TENS unit. The injured worker would remain off of work until 12/21/2014. Request for Authorization was also added to the pain management progress report dated 11/07/2014 which indicates that

"any treatment and diagnostic study that was previously mentioned in this report was being requested based upon medical reasonable treatment requirements."

IMR ISSUES, DECISIONS AND RATIONALES

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

Summit Back Brace for Lumbar Spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports

Decision rationale: Per California MTUS ACOEM it is stated that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It was noted from the information submitted that the injured worker has chronic low back pain, thoracic spine pain, and cervical spine pain. Per the referenced guidelines, the use of lumbar supports is not recommended for prevention. It is recommended as an option for treatment. Per Official Disability Guidelines, there is strong and consistent evidence that lumbar supports are not effective in preventing neck and back pain. Given the information submitted for review, there is no documentation in the medical record of the injured worker having any diagnoses of spondylolisthesis, documented instability, or compression fractures to warrant the use of the requested lumbar support. As such, medical necessity for the requested summit back brace for the lumbar spine has not been met per the referenced guidelines as criteria for the request has not been met. As such, the request is not medically necessary.