

Case Number:	CM15-0102343		
Date Assigned:	06/04/2015	Date of Injury:	06/06/2014
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 29 year old male who sustained an industrial injury on 6/6/14. The injured worker was diagnosed as having lumbosacral sprain/strain. Currently, the injured worker was with complaints of back pain. Previous treatments included activity modification. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. Physical examination was notable for tenderness to palpation to the L4-5 and left sacroiliac joint areas. The plan of care was for lumbar spine back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS guidelines (ACOEM Low Back Complaints, page 301) state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of

symptom relief in low back pain. Additionally, on page 9 of the MTUS ACOEM guidelines for preventive strategies and tactics, the use of back belts as lumbar supports should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In this case, with a date of injury in June 2014, the chronic nature of the patient's back pain is unlikely to benefit from further limited range of motion/bracing given the lack of objective findings to indicate true instability (secondary to spondylolisthesis, fracture, etc.). Based on the provided records and MTUS guidelines, a lumbar support brace is not medically necessary in this case.