

Case Number:	CM15-0103382		
Date Assigned:	06/05/2015	Date of Injury:	04/11/2013
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 32-year-old male; with a reported date of injury of 04/11/2013. The diagnoses include neck pain, thoracic spine pain, and sciatica. Treatments to date have included crutches, a wheelchair, oral medications, topical pain medication, x-rays of the bilateral hips and pelvis on 10/21/2014, an MRI of the cervical spine on 01/03/2014, an MRI of the thoracic spine on 05/13/2013, an MRI of the lumbar spine on 04/23/2013 and 05/03/2013, and physical therapy with some improvement. The visit note dated 04/28/2015 indicates that the injured worker had low back pain, thoracic spine pain, neck pain, and pain into both lower extremities. The injured worker was diagnosed with fatty liver disease and was worried about the effects of his medications on his liver. It was noted that since he had not been able to use the Fentanyl patch or other pain medications, he had a lot more pain in the low back and into both hips. The injured worker asked if he could use a lumbar brace to help provide support when he was upright and walking or standing. He felt that his back would give out on him and he felt that a brace may help him to better tolerate walking. The objective findings include spasm and guarding noted over the lumbar spine. The treating physician requested lumbar brace and twelve (12) chiropractic visits. The treating physician wanted the injured worker to try chiropractic treatment before considering any invasive treatment; and requested the lumbar brace to help with support when he was walking or standing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.