

Case Number:	CM15-0133156		
Date Assigned:	07/24/2015	Date of Injury:	02/09/2010
Decision Date:	09/08/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female who sustained an industrial injury on 02-09-10. She reported back pain. The injured worker is diagnosed with having lumbago, and mechanical low back pain. Diagnostic testing and treatment to date has included radiographic imaging, physical therapy, and pain medication management. Currently, the injured worker complains of low back pain on the right side that occasionally radiates to the back of her legs. Her low back pain increases throughout the day. Requested treatments include a back brace. The injured worker is under limited restrictions. Date of Utilization Review: 06-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

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 and Thoracic Chapter, under Lumbar Supports.

Decision rationale: The patient was injured on 02/09/10 and presents with pain in her lower back with radiation to the right side. The request is for a BACK BRACE. There is no RFA provided and as of 04/20/15, the patient "continues to work her regular job." ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports states, "prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under Lumbar Supports states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option)." The 02/26/15 report states that the patient ambulates with a guarded posture and has a limited/painful range of motion. She is diagnosed with low back pain, mechanical low back pain, and left leg pain. Treatment to date includes radiographic imaging, physical therapy, and pain medication management. The report with the request is not provided, nor is there is any discussion regarding this request. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. Therefore, the requested back brace IS NOT medically necessary.