Case Number:	CM15-0145644		
Date Assigned:	08/06/2015	Date of Injury:	06/15/2002
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 69 year old male, who sustained an industrial injury on 6-15-2002. He reported pain in his neck, head, ears, right shoulder, back, bilateral knees and wrists. Diagnoses have included cervical spine strain with radicular complaints, right shoulder strain, thoracic spine-right periscapular strain, lumbosacral strain, right and left knee strain, chronic stress and post-traumatic headaches. Treatment to date has included aquatic therapy and medication. According to the progress report dated 6-8-2015, the injured worker complained of persistent, severe pain in his neck, bilateral shoulders and low back rated nine to ten out of ten. He stated that neck pain radiated through his bilateral shoulders to his arms with related numbness and tingling. He also reported radiating low back pain to his bilateral legs with associated numbness and tingling. Physical exam revealed tenderness to palpation with spasms to the cervical spine. There was tenderness to palpation of the bilateral shoulders with limited range of motion. There was tenderness to palpation of the lumbar spine with spasms. Authorization was requested for a lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace: 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): Low Back, Lumbar brace, page 301.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a custom back brace for acute post-operative use. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase of injury. In addition, ODG states Lumbar supports as not recommended for prevention and is under study for treatment of nonspecific LBP, recommending as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment. The Lumbar spine brace is not medically necessary and appropriate.