

Case Number:	CM15-0147315		
Date Assigned:	08/10/2015	Date of Injury:	07/19/2013
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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: California

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 37 year old female, who sustained an industrial injury on 7-19-2013. She reported pain in her left wrist, left hip and back after falling down steps. Diagnoses have included cervical sprain-strain, lumbar sprain-strain, left shoulder sprain-strain, left wrist sprain-strain, myofascial pain syndrome, lumbosacral disc injury at two levels and lumbosacral radiculopathy. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 6-23-2015, the injured worker was alert and oriented. Exam of the lumbar spine revealed tenderness to palpation with slight pain on range of motion. Exam of the cervical spine revealed cervical paraspinal tenderness and myofascial tightness. Straight leg raise was positive on the left. There was decreased light touch sensation in the left leg, lateral aspect. Authorization was requested for a back brace.

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 Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back/Lumbar Supports.

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for back brace is determined to not be medically necessary.