

Case Number:	CM15-0161178		
Date Assigned:	08/28/2015	Date of Injury:	05/15/2014
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 32 year old female, who sustained an industrial injury on 5-15-2014. The mechanism of injury was repetitive motion. The injured worker was diagnosed as having chronic low back pain and left buttock pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-11-2015, the injured worker complains of neck pain, left shoulder pain and low back pain. Physical examination showed cervical and lumbar tenderness. The treating physician is requesting 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 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298,301.

MAXIMUS 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 section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, back brace is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports to not prevent low back pain. In this case, the injured worker's relevant working diagnoses as they apply to the issue are thoracic disc herniation / protrusion; thoracic muscle spasm; thoracic myofasciitis; thoracic stenosis; lumbar disc protrusion, pain, stenosis. The date of injury is May 15, 2014. Request for authorization is dated July 16, 2014. There is no July 16, 2014 progress note in the medical record. Utilization review references a July 16, 2014 progress note. A single progress note from the treating provider dated March 5, 2015 shows the injured worker has subjective complaints referable to the head, cervical, thoracic and lumbar spine, right and left shoulders. Objectively, the lumbar spine was tender to palpation. There is no instability of the lumbar spine. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation from the July 16, 2014 progress note and no clinical indication or rationale for lumbar supports, back brace is not medically necessary.