

Case Number:	CM15-0163323		
Date Assigned:	08/31/2015	Date of Injury:	01/15/2014
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, California

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:

This is a 25 year old male patient who sustained an industrial injury on 1-15-14. The diagnoses include cervical injury, lumbar sprain and strain and lumbar myospasm. Per the Progress report dated 7-1-15, he had functional improvement with treatment. The physical examination revealed pain at L4-5 and L5-S1, positive Kemp test, right leg weakness, trap spasm and decreased cervical range of motion. The current medications list is not specified in the records provided. Work status: return to modified work. Other therapy done for this injury was not specified in the records provided. Plan of care includes: homes TENS unit and supplies, request lumbar support to increase functional improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace (lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment, /Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/14) Back brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Per the ACOEM guidelines "There is no evidence for the effectiveness of lumbar supports". Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The request for a Back brace (lumbar spine) is not medically necessary or fully established for this patient.