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| Case Number: | CM15-0163839 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 04/24/2007 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 08/06/2015 |
| 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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 61 year old male, who sustained an industrial injury on 4-24-2007. Diagnoses have included discogenic cervical condition, rotator cuff tear on the right, cubital tunnel syndrome on the right, internal derangement of the knee on the right, discogenic lumbar condition and chronic pain syndrome. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 7-27-2015, the injured worker complained of persistent neck pain, right shoulder pain, low back pain and right knee pain. He was requesting a replacement of his back brace as his had worn out. Objective findings revealed tenderness along the cervical paraspinal muscles, pain along the facets and pain with facet loading. He also had pain along the right knee along the medial and lateral joint lines. Authorization was requested for a lumbar brace with insert.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace with insert: 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): 298.

Decision rationale: Lumbar brace is a device for lumbar support. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. In this case there is no documentation of spinal fracture or instability. Lumbar spinal braces are not recommended. The request should not be authorized.