

Case Number:	CM15-0166092		
Date Assigned:	09/03/2015	Date of Injury:	09/05/2013
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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, Hawaii
 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 51 year old male, who sustained an industrial injury on 9-5-13. The diagnoses have included lumbar radiculopathy right side, cervical and lumbar disc injury, post-concussion syndrome-headache, and post traumatic myofascial pain syndromes. Treatment to date has included medications, activity modifications, diagnostics, functional restoration program, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 7-8-15, the injured worker has been participating in Functional Restoration Program and reports beneficial effect. He has been learning various techniques to better cope and manage the chronic pain. The current medications included Tylenol #4. The objective findings-physical exam reveals that the lumbar exam reveals that lumbar range of motion was decreased and straight leg raise is positive on the right. The physician notes that the injured worker requires a back brace to help control his back pain and discomfort and to help avoid flare-up of pain. There is previous therapy sessions noted. The physician requested treatment included Back brace #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Back Brace #1. The treating physician states in the report dated 7/8/15, "The patient also requires a back brace to help control his back pain and discomfort to avoid flare-ups of pain." (317B) The ODG Guidelines state, "Not recommended for prevention. Recommended as an option for treatment. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." In this case, the treating physician has requested a back brace for the prevention of pain which is not recommended by the ODG guidelines. The current request is not medically necessary.