

<b>Case Number:</b>	CM15-0181236		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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 39 year old male, who sustained an industrial-work injury on 11-17-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain, neck pain, lumbago, lumbar spondylosis and chronic pain due to trauma. Medical records dated (4-13-15 to 8-4-15) indicate that the injured worker complains of neck pain, low back pain and thoracic pain rated 10 out of 10 on pain scale and have been unchanged. He also reports recurrent nightmares and gait disturbance. He reports daily headaches, feeling dizzy and off balance and sees spots and trails of light. The pain in the low back radiates to the right lower extremity (RLE). He also reports double vision. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 4-13-15 the injured worker has not returned to work. The physical exam dated 8-4-15 reveals tenderness along the L3 and L4 paraspinals on the right, limited range of motion in the lumbar spine, pain with facet loading and straight leg raise is equivocal appears to be somewhat of an exaggerated pain response to limit pressure with non-myotomal and dermatomal distribution of pain. Treatment to date has included pain medication including Ibuprofen, physical therapy, activity modifications, chiropractic with no benefit, and other modalities. The request for authorization date was 8-11- 15 and requested services included neck brace and back brace. The original Utilization review dated 8-18-15 non-certified the request for neck brace and back brace as the injured worker was in the chronic phase of the injury and per the MTUS chronic pain guidelines there was no documentation regarding instability or a rationale for the requested device.

## **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 Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Summary.

**Decision rationale:** As per ACOEM Guidelines, lumbar supports such as Back Brace has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being requested for chronic back pain. Back brace is not medically necessary.

**Neck Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary.

**Decision rationale:** As per MTUS guidelines, neck braces are only recommended for acute injuries to neck and during severe exacerbation of neck pain. It recommends only short term use as long term use may weaken neck muscles and/or worsen chronic neck pains. There is no appropriate indications documented to support request for neck brace. The request is not medically necessary.