

Case Number:	CM15-0197565		
Date Assigned:	10/13/2015	Date of Injury:	08/19/2008
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/07/2015

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: Pennsylvania

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:

The injured worker is a 36 year old male, who sustained an industrial injury on 8-19-2008. The injured worker was being treated for chronic pain syndrome, thoraco-lumbar neuritis or radiculitis, not otherwise specified, lumbago, and lumbar sprain. Treatment to date has included diagnostics and medications. Currently (9-14-2015), the injured worker complains of low back pain with radiation to the bilateral lower extremities "with RL". He reported that over the last few weeks, the pain was "unbearable", rated 9 out of 10 at times. His work status was "unemployed". Exam of the lumbar spine showed decreased range of motion, strength 4- of 5 in knee extension and hip flexors, and decreased sensation along the right lateral leg. Imaging (12-14-2012) was documented to show "L5-S1 mild broad base posterior disc bulge with possible tiny central annular tear centrally. No encroachment on S1 nerve roots within the lateral recesses. Borderline b-l foraminal stenosis at this level with early hypertrophic changes of the facets." Medications included Gabapentin, Cymbalta, Norco, Docuprene, MSSR, Flurbiprofen cream, Lidoderm patches, Fenoprofen, Flexeril, Theramine, and Sentra am-pm. The treatment plan included a back brace, non-certified by Utilization Review on 9-22-2015.

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, Section(s): Diagnostic Criteria, Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: According to the MTUS, there is no evidence for the effectiveness of lumbar supports in preventing back pain. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of back pain. This worker is in the chronic phase of back pain. A back brace at this phase is not medically necessary and would not be expected to be beneficial.