MAXIMUS Federal Services

Case Number:	CM15-0203664		
Date Assigned:	10/20/2015	Date of Injury:	05/06/1996
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 65 year old woman sustained an industrial injury on 5-6-1996. Diagnoses include chronic lumbosacral pain with disc herniations. Treatment has included oral medications. Physician notes dated 9-2-2015 show complaints of low back pain. The physical examination shows tenderness to palpation of the lumbosacral, paralumbar, and perimuscular, areas with radiation down the right lower extremity. Range of motion is noted to be flexion to the thigh area, extension 20 degrees, lateral tilt 25 degrees bilaterally, and 20 degrees of dorsiflexion. Recommendations include continue pain management, Voltaren gel, lumbar support, and follow up within three months. Utilization Review denied a request for lumbar support brace on 9-21-2015.

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): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar & Thoracic (Acute & Chronic), Back braces/lumbar supports.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, and Low Back Complaints 2004, Section(s): Work-Relatedness. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- lumbar support.

Decision rationale: Back brace is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The ODG states that a back brace can be used in spondylolisthesis, documented instability, and can be used for treatment of nonspecific LBP but there is very low-quality evidence for this use. The documentation submitted does not reveal instability or extenuating reasons to necessitate a lumbar brace and therefore the request is not medically necessary.