

Case Number:	CM15-0203682		
Date Assigned:	10/20/2015	Date of Injury:	02/27/2012
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 52 year old male who sustained an industrial injury on 2-27-12. The injured worker reported back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar discogenic syndrome. Provider documentation dated 9-25-15 noted the work status as temporary totally disabled. Treatment has included at least five sessions of physical therapy, electromyography (2-12-15), injection therapy, magnetic resonance imaging, lumbosacral spine radiographic studies, status post L3-4 anterior lumbar fusion, and Duexis since at least December of 2014. Objective findings dated 9-25-15 were notable for range of motion decreased and muscles spasms. The original utilization review (10-1-15) denied a request for a back brace for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace for the lumbar spine: 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 (ODG), Low Back - Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: CA MTUS/ACOEM guidelines, General Approaches, page 9 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." 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. Therefore the request does not meet recommended guidelines and the request is not medically necessary.