

Case Number:	CM15-0021792		
Date Assigned:	02/11/2015	Date of Injury:	09/10/2014
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 33 year old woman sustained an industrial injury on 9/10/2014. the mechanism of injury was not detailed. Current diagnoses include spasm of muscle, lumbosacral sprain and strain, neck sprain and strain, and contusion. Treatment has included oral medications. Physician notes dated 12/22/2014 show complaints of worsening on and off neck pain, on and off low back pain, shoulder pain, and persistent headaches. The worker states that physical therapy and acupuncture have been helpful to temporarily decrease pain levels. Recommendations include functional restoration, acupuncture, EMG/NCV of the bilateral upper and lower extremities, pain management consultation, orthopedic consultation, bilateral shoulder x-rays, neurology consultation, lumbosacral brace TENS unit, and hot and cold pack wrap or thermal combo unit. On 1/23/2015, Utilization Review evaluated a prescription for lumbosacral back support, that was submitted on 1/30/2015. The UR physician noted there is no documentation of fracture, recent fusion, or instability. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Support Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar brace is recommended for prevention and not for treatment. The patient sustained a chronic back pain since 2014 and the need for lumbar brace is unclear. Therefore, the request for LSO Back Support Purchase is not medically necessary.