

Case Number:	CM15-0213454		
Date Assigned:	11/03/2015	Date of Injury:	10/29/2012
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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: North Carolina, Georgia

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 56 year old female injured worker suffered an industrial injury on 10-29-2012. The diagnoses included lumbar refractory neural encroachment with radiculopathy. On 9-23-2015, the provider reported the current LSO brace no longer fastens. The injured worker did use the brace approximately 6 days a week and average of 3 hours a day to facilitate maintenance of activities of daily living and used it later in the day when fatigue would set in. The brace with lateral supports was used to stabilize the trunk, facilitate activities of daily living and improve activity and function. The injured worker was awaiting lumbar decompression for 10-12-2015. On exam, there was tenderness of the lumbar spine with limited range of motion and positive straight leg raise. There were lumboparaspinal spasms. Request for Authorization date was 9-23-2015. Utilization Review on 10-19-2015 determined non-certification Back brace.

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.

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

Decision rationale: ACOEM chapter on back complaints states that lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. The injury in this case is three years old. A back brace is not medically necessary.