

Case Number:	CM15-0216844		
Date Assigned:	11/06/2015	Date of Injury:	04/20/2004
Decision Date:	12/29/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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 York, Tennessee

Certification(s)/Specialty: Emergency 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:

The injured worker is a 47 year old male who sustained an industrial injury on 4-20-2004. A review of medical records indicates the injured worker is being treated for thoracic facet syndrome, T7-T8 disc protrusion with overlying myofascial pain, and depression and anxiety. Medical records dated 10-1-2015 noted mid thoracic pain. His pain was unchanged. He has a 20 minute sitting, standing, and walking tolerance. Pain ranges between 6-8 out of 10. Physical examination noted tenderness over the thoracic spine with minimal lumbar extension of 10 degrees and reproduction of pain. Treatment has consisted of gabapentin since at least 6-10-2015 and Mentherm. The treatment plan included lumbar brace. Utilization review form dated 10-12-2015 noncertified lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & thoracic: lumbar supports.

Decision rationale: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Per ODG lumbar support is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, documentation does not support the diagnosis of spondylolisthesis or the presence of spinal instability. The request is not medically necessary.