

Case Number:	CM15-0032760		
Date Assigned:	02/26/2015	Date of Injury:	01/24/2014
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 64 year old female, who sustained an industrial injury on 01/24/2014. The diagnoses have included L5-S1 disc protrusion with left sided foraminal stenosis, L2-L3, L3-4, and L4-5 mild to moderate central stenosis, and lumbar strain. Noted treatments to date have included acupuncture, home exercise program, and medications. No lumbar MRI report noted in received medical records. In a progress note dated 01/16/2015, the injured worker presented with complaints of a flare of her right sided back and buttock pain radiating down to the anterior knee. The treating physician reported recommending a Quikdraw back brace to allow lasting pain relief and enhance the progression of care. Utilization Review determination on 02/05/2015 non-certified the request for Quick Draw Back Brace citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace, per 1/15/15 order: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Lumbar & thoracic, Lumbar supports.

Decision rationale: Back brace is considered a device for lumbar support. Lumbar support is not recommended for prevention. It is indicated for compression fractures and specific treatment of spondylolisthesis, and documented instability. It may be used for treatment of nonspecific LBP, but the supporting evidence is very low-quality evidence. In this case the patient is not suffering from spondylolisthesis or compression fractures. There is no documented instability. There is no indication for lumbosacral support. The request for the back brace should not be authorized.