

Case Number:	CM15-0034879		
Date Assigned:	03/23/2015	Date of Injury:	12/06/2007
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial injury on 12/06/2007. He reported that while he was standing on a ladder installing drywall he was injured. The injured worker is noted to have failed back surgery three times and has been diagnosed with ataxia and there are questions as to the quality of prior implants used in failed fusion surgeries and subsequent complicated medical concerns. Treatment to date has included chiropractic care, acupuncture, use of a cane, medications, and cardio-respiratory diagnostic testing. In a progress note dated 01/07/2015 the treating provider reports that the patient complains of constant neck pain that radiates to the low back and the lower extremities and is rated a ten out of ten. The treating physician also notes that the injured worker had deficits in range of motion and a severely altered gait with loss of balance and coordination. The treating physician requested a lumbar spine brace for the back pain..

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Spine Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 9, 301.

Decision rationale: The MTUS guidelines (ACOEM Low Back Complaints, page 301) state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief in low back pain. Additionally, on page 9 of the MTUS ACOEM guidelines for preventive strategies and tactics, the use of back belts as lumbar supports should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In this case, with a date of injury in December 2007, the chronic nature of the patient's back pain is unlikely to benefit from further limited range of motion/bracing given the lack of objective findings to indicate true instability (secondary to spondylolisthesis, fracture, etc.). Based on the provided records and MTUS guidelines, a lumbar support brace cannot be recommended as a medical necessity in this case.