

Case Number:	CM15-0047531		
Date Assigned:	03/19/2015	Date of Injury:	12/31/2012
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California

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 injured worker is 52 year old female, who sustained an industrial injury on 12/31/12. She reported initial complaints of low back pain that resulted from an industrial injury. The injured worker was diagnosed as having degenerative disc disease; bulging disc L4-5; low back pain. Treatment to date has included MRI lumbar spine 8/4/14; EMG/NCS upper and lower extremities (7/2013); acupuncture; bilateral lumbar L4-5 and L5-S1 transforaminal epidurogram (11/12/14); left sacroiliac joint injection (11/19/14); left shoulder intra-articular steroid injection (11/26/14). Currently, the injured worker complains of continued low back pain despite conservative care. The injured worker uses a walker and a lumbar support to relieve some back pain. The provider has requested a new back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The length of prior back brace use is unknown. The use of a back brace is not medically necessary.