

Case Number:	CM15-0052145		
Date Assigned:	03/27/2015	Date of Injury:	03/20/2010
Decision Date:	07/02/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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

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:

This 26-year-old female sustained an industrial injury on 3/2/10. She subsequently reported back pain. Diagnoses include lumbar or lumbosacral disc degeneration, lumbago and lumbar facet syndrome. Treatments to date include x-ray and MRI testing, nerve ablation, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there diminished range of motion in the lumbar spine. Faber, stretch of piriformis and straight leg tests were negative. All lower extremity reflexes were equal and symmetric. A request for Baja 631 lumbar support brace was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baja 631 lumbar support brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints

Page(s): 303.

Decision rationale: The ACOEM chapter on low back complaints states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The patient is well past the acute phase of injury. Therefore, this request is not medically necessary.