

Case Number:	CM15-0054091		
Date Assigned:	03/27/2015	Date of Injury:	04/22/2013
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 49-year-old female who sustained an industrial injury on 04/22/2013. She reported back pain. The injured worker was diagnosed as having lumbago, sciatica, lumbar radiculitis, coccyx sprain/strain, lumbosacral radiculopathy, neuropathy right lower extremity. Treatment to date has included diagnostic MRI, electromyography of the lumbar spine and lower extremities, epidural steroid injections, and medications both oral and topical. Currently, the injured worker complains of lower back pain with radicular symptoms. A request is made for an Aspen Summit Back Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen Summit Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Pain chapter, Lumbar Supports.

Decision rationale: The 49-year-old patient complains of lower back pain and with numbness, as per progress report dated 12/23/14. The request is for aspen summit back brace. There is no RFA for this case, and the patient's date of injury is 04/22/13. Diagnoses, as per progress report dated 12/23/14, included lumbar disc displacement and lumbar facet hypertrophy. Medications, as per progress report dated 09/26/14, included Naproxen and Tramadol. The patient is off work, as per progress report dated 12/23/14. ODG Guidelines, chapter "Low Back Pain" and Title "Lumbar Supports", state that lumbar supports such as back braces are "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). Under study for post-operative use." In this case, none of the progress reports discusses the request. The patient does suffer from lower back pain but the reports do not indicate compression fracture, instability or spondylolisthesis. The reports lack the documentation required to make a determination based on ODG. Hence, the request is not medically necessary.