

Case Number:	CM15-0060253		
Date Assigned:	04/06/2015	Date of Injury:	03/26/2004
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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, Hawaii
 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 is a 56-year-old male, who sustained an industrial injury on 3/26/04. He reported back pain. The injured worker was diagnosed as having lumbar sprain/strain, left leg radiculopathy, lumbar myofascial pain syndrome, and right sacroiliac sprain. Treatment to date has included physical therapy, chiropractic treatment, a home exercise program, and the use of a cane. A MRI was noted to have revealed a small bulge at L5-S1 and facet arthropathy at L4-5. Currently, the injured worker complains of back pain with spasms. The treating physician requested authorization for a back brace. The injured worker indicated he wore a back brace previously for 8 months. A physician's report noted the back support would provide the injured worker with lateral support, offload the lumbar spine, and accommodate spinal stenosis in his bulging disc. The plan was for the injured worker to wear the brace for no more than 4 hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace (DME Durable Medical Equipment): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Support.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Back Brace (DME Durable Medical Equipment). The treating physician report dated 2/19/15 (112B) states, "We are going to fit (the patient) with an -637 back support to help with chronic back pain, spinal stenosis and his bulging disc." The report goes on to state, "He was fitted with an -637 back brace to help offload the lumbar spine, provide some lateral support, and as well accommodate spinal stenosis in his bulging disc." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding lumbar supports: "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP." In this case, the patient presents with chronic low back pain and a back brace is being requested in order to help provided relief for the patient's symptoms. Furthermore, the back brace will provide the patient with some lateral support and will allow him to walk for longer periods without having to solely rely on a cane for stability. The current request satisfies the ODG guidelines as outlined in the "Low Back" chapter. Recommendation is for authorization.