MAXIMUS Federal Services

Case Number:	CM14-0115717		
Date Assigned:	08/04/2014	Date of Injury:	08/09/2011
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California & Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old male with a reported injury on 08/09/2011. The mechanism of injury was not reported. The injured worker's diagnoses included low back pain, insomnia, constipation, stomach pain, gastroesophageal reflux disorder, and sexual dysfunction. The injured worker's past treatments included medications, physical therapy, aquatic therapy, epidural steroid injection, home exercise program, and H wave treatment. The injured worker's previous diagnostic testing included x-rays, MRI, and electrodiagnostic testing. The injured worker's previous surgical history was not provided. The injured worker was evaluated on 04/09/2014 for low back pain. The injured worker rated his pain intensity at 5/10 to 9/10 and reported his pain as constant. The low back pain sometimes radiated down both legs, right greater than left, associated with numbness and tingling. He reported sharp and shooting pains over the low back. Relieving factors included stretching and a home exercise program. Aggravating factors included prolonged sitting and sleeping. The clinician observed and reported a focused lumbar spine exam. Range of motion is documented at 30 degrees of flexion with pain. Manual muscle testing over the legs was remarkable for diffuse weakness over the right leg. There was tremoring over the right ankle plantar flexors and dorsiflexors. The right quadriceps was also weak. Sensation was intact to light touch over the lower legs involving the L4, L5, and S1 dermatomes. Reflexes were measured at 2+ over the patella and Achilles. A straight leg raise was positive from a sitting position. The injured worker's medications included Naprosyn, Advil, Tylenol, Omeprazole, Colace, Ambien, Norco, and fiber. The request was for Spinal Q Posture Support Back Brace Lumbar Spine (for purchase). The rationale for the request was not provided. The Request for Authorization form was submitted on 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Posture Support Back Brace Lumbar Spine (for purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Low Back Chapter; Official Disability Guidelines, Preface, Physical Therapy

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

Decision rationale: The request for Spinal Q Posture Support Back Brace Lumbar Spine (for purchase) is not medically necessary. The injured worker complained of low back pain. The California MTUS/ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is beyond the acute phase of lower back pain with a date of injury of 08/09/2011. Additionally, the request did not specify whether the requested lumbosacral brace was custom made or prefabricated, nor the size of the brace, and did not specify frequency of use. Therefore, the request for Spinal Q Posture Support Back Brace Lumbar Spine (for purchase) is not medically necessary.