

Case Number:	CM14-0124352		
Date Assigned:	08/08/2014	Date of Injury:	08/21/2010
Decision Date:	10/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 47-year-old male with a reported injury on 08/21/2010. The mechanism of injury was a 15 foot fall from a ladder. The injured worker's diagnoses included chronic pain syndrome, insomnia, myofascial pain, osteoarthritis, and closed fracture of unspecified vertebra without spinal cord injury. The injured worker's past treatments included medications, physical therapy, lumbar epidural steroid injections, ankle supports, TENS unit, bilateral L1-2 selective nerve root block on 06/27/2012, a home exercise program, orthotics for heel pain, and a lumbar brace. The injured worker's prior diagnostic testing included a lumbar spine x-ray which showed a compression fracture of the vertebral body of L1, a lumbar spine MRI on 08/27/2010 which demonstrated mild compression deformity at L1, and a lumbar spine MRI on 03/10/2011 which revealed that edema associated with the previous compression fracture at L1 had healed with no evidence of internal progression or vertebral body compression. No surgical history was provided. The injured worker was evaluated on 06/11/2014 for continued low back and foot pain. The clinician observed and reported a mildly antalgic gait. The extremities exhibited a globally and regional reduced range of motion. The injured worker exhibited overall normal stability in his joints. Muscle strength was reduced in the hip flexor muscles. The injured worker was unable to toe and heel walk. Straight leg raise of the affected side reproduced the patient's radicular symptoms and lateral rotation and extension of the spine produced concordant pain in the affected area. A focused neurologic exam of the bilateral upper and lower extremities and the spine revealed generally normal coordination. A Romberg test was normal. The examination of the deep tendon reflexes revealed decreased patellar reflex. Sensation of the region revealed dysthetic sensations throughout the affected area. The request was for a back brace. The rationale for the request was for the treatment of lumbago, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, osteoarthritis, and closed fracture of unspecified

vertebra without spinal cord injury. The Request for Authorization form was submitted on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The request for back brace is not medically necessary. The injured worker did continue to complain of low back pain. The California MTUS ACOEM Guidelines do not recommend lumbar supports for acute lumbar spine disorders. Lumbar support is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The request did not specify whether the requested back brace was custom made or the size of a prefabricated brace. Additionally, the request did not specify a frequency of use. Therefore, the request for back brace is not medically necessary.