

Case Number:	CM14-0134832		
Date Assigned:	08/27/2014	Date of Injury:	10/18/2012
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 and 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 37-year-old right-handed male with an original date of injury of October 18, 2012. The mechanism of injury was being struck by a delivery truck while locking in a parking lot. Diagnostic workup has revealed on lumbar x-ray disk space narrowing at L5-S1 and partial synchronization of L5-S1 and disk desiccation at multiple levels with an annular tear at L-2-L3 on lumbar MRI. The injured workers conservative care consisting of pain medications including cyclobenzaprine and Terocin cream. The patient has also had 3 epidural steroid injections and previous physical therapy. The disputed request is for a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS/ACOEM Guidelines, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Furthermore, lumbar corsets are not recommended and the evidence is poor for the use of lumbar orthoses in

the treatment of chronic low back pain. Given the guidelines, the request for a Lumbar Brace is not medically necessary and appropriate.