

Case Number:	CM14-0149814		
Date Assigned:	09/18/2014	Date of Injury:	08/27/2013
Decision Date:	11/03/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 37-year-old male who sustained a work related injury on 08/27/2013 as result of performing regular and customary job related duties to his lower back and bilateral lower extremities. According to the most legible PR-2, the patient complaints of both neck and lower back pain, neck pain rated as 5/10 and lower back pain is constant with referral to bilateral legs. He also complains of bilateral constant shoulder and wrist pain associated with weakness and tingling sensation. Last, he has foot pain with numbness and tingling. Upon exam, the patient exhibits appreciable tenderness and limited range of motion of the cervical and lumbar spine with a positive straight leg raise. Palpable tenderness and limited range of motion noted at the bilateral shoulders, wrists and left foot. The patient's current treatment regimen includes Norco 5/325. In dispute is a decision for a lumbar brace (support).

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. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Lumbar support

Decision rationale: Lumbar supports are not recommended for prevention as there is strong and consistence evidence that lumbar supports are not effective at preventing back pain. However, they may be utilized as a treatment option for compression fractures, spondylolisthesis, lumbar instability or for nonspecific lower back pain (evidence was weak (very low-quality evidence). Based upon the lack of evidence for use of a lumbar support (brace), the request is not medically necessary.