MAXIMUS Federal Services

Case Number:	CM14-0164308		
Date Assigned:	10/09/2014	Date of Injury:	08/04/2013
Decision Date:	11/14/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 51-year-old male with an original industrial injury on August 4, 2013. The patient was injured while performing mandatory warm-up exercises. The industrially related diagnoses include lumbar strain, chronic low back pain, lumbar disc herniation, and lumbar radiculopathy. The patient has participated in physical therapy, aquatic therapy, and activity restriction. The patient takes naproxen, tramadol, Flexeril, and topical Menthoderm for pain management. The disputed request is for a back brace. This was denied in a utilization review determination on September 8, 2014. The rationale for the denial was that referenced guidelines do not recommended use of lumbar corsets for any of the worker's diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports

Decision rationale: In the case of this request for back brace, evidence-based guidelines do not recommend lumbar bracing in general. There is a paucity of evidence to recommend lumbar bracing for the treatment or prevention of low back pain. The conditions which warrant lumbar bracing include spine instability or in the postoperative period following lumbar spine surgery. Per MTUS and ODG guidelines, the request is not medically necessary.