

Case Number:	CM14-0166512		
Date Assigned:	10/13/2014	Date of Injury:	02/02/1995
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational 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 75 year-old male with a date of injury on February 2, 1995. He is diagnosed with (a) lumbago and (b) thoracic kyphotic deformity. Progress report dated March 5, 2014 indicates that the injured worker continued to have low back and stiffness. Objective finding showed decreased lumbar spine range of motion. Medical record dated September 10, 2014 documents that the injured worker still reported complaints of low back pain and thoracic kyphotic posture. A physical examination showed thoracic kyphosis and minimal low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic posture brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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) Low Back, Lumbar supports

Decision rationale: According to evidence-based guidelines, there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain; although

such modality may be recommended as a treatment option for certain conditions including compression fractures, spondylolisthesis, documented instability and post-operative cases. The available medical records, however, do not show concrete evidence of any of the aforementioned conditions in this injured worker's case. Also, since the requested thoracic brace is a similar modality, it can be deemed that this would likewise be ineffective in the management of the injured worker's back pain. For this reason, the medical necessity of the requested thoracic posture brace is not established.