

Case Number:	CM14-0184516		
Date Assigned:	11/12/2014	Date of Injury:	08/04/2014
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 36-year-old gentleman with a date of injury of 08/04/2014. A visit note dated 08/28/2014 identified the mechanism of injury as a fall resulting in the worker landing on the left side of his body. Treating physician notes dated 08/28/2014 and 10/18/2014 indicated the worker was experiencing on-going lower back and left knee pain. The worker had initially also been experiencing neck and upper back pain, headaches, arm and arm joint pain, numbness and tingling of the arm, and grip weakness. The examination documented on 10/18/2014 described tenderness in the lower back on both sides and in the left knee. The submitted and reviewed documentation concluded the worker was suffering from lower and upper back strain, left elbow strain with a contusion, and left knee strain. Treatment recommendations included physical therapy; oral and topical pain medications, a lower back brace, and follow up care. A Utilization Review decision was rendered on 10/30/2014 as not medically necessary to purchase a lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports

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

Decision rationale: The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing on-going lower back and left knee pain after several months. The worker was no longer in the earliest phase of symptom relief. The purchase of a brace would suggest an expectation of longer term benefit, which the Guidelines and literature do not support. There was no discussion detailing extenuating circumstances that would support the use of the treatment in this setting. In the absence of such evidence, the current request to purchase a lumbar spine brace is not medically necessary.