

Case Number:	CM14-0080581		
Date Assigned:	07/18/2014	Date of Injury:	07/18/2009
Decision Date:	09/30/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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 56 year old female who was injured on 7/18/2009. The diagnoses are low back pain, right shoulder pain, depression and bilateral carpal tunnel syndrome. The past surgical history is positive for cervical spine fusion, bilateral carpal tunnel syndrome repair and right shoulder surgeries. The 2010 EMG showed C5-C6 radiculopathy. The MRI of the lumbar spine showed multilevel facet hypertrophy and foramina stenosis. There was significant pain relief following epidural steroid injections. On 5/21/2014, ██████ noted subjective complaints of low back pain radiating to the lower extremities associated with numbness and weakness. The patient reported difficulty with ADL and mobility because the current soft back brace was torn. The medication is Nucynta for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft back brace x 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Low Back Chapter.

Decision rationale: The CA MTUS and the ACOEM guidelines did not specifically address the use of back brace beyond the acute injury phase. A Back Brace can be utilized as durable medical equipment beyond the acute injury phase for therapeutic benefits such as decrease in pain and increase in function. The records indicate that the patient was utilizing lumbar and cervical soft braces to improve function and decrease pain. It was noted that the current lumbar brace was torn due to wear and tear associated with chronic use. The criteria for the use of L1200 Soft Back Brace were met. Therefore this request is medically necessary.