

Case Number:	CM14-0091916		
Date Assigned:	07/25/2014	Date of Injury:	06/19/2011
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 37-year-old female with a reported date of injury on 06/19/2011. The injury reportedly occurred while the injured worker was changing the oil to the fryer. Her diagnoses were noted to include lumbar spine sprain/strain with disc radiculopathy and hand internal derangement. Her previous treatments were noted to include a back brace, medication, physical therapy, and chiropractic care. The progress note dated 04/16/2014 revealed lumbar spine symptoms were improving with treatment from constant to intermittent 5/10 and the numbness to the leg was diminished. Hands were constantly improving to intermittent slight numbness. The range of motion to the lumbar spine was diminished at extension. There was a positive straight leg raise and the right hand range of motion was painful with extension and flexion. The Request for Authorization form was not submitted within medical records. The request was for a TLSO Brace; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Lumbar spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: The injured worker complains of constant low back pain. The CA MTUS/ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker was injured 3 years ago, and the guidelines recommend a back brace for acute onset of symptoms. The injured worker is in the chronic phase and the documentation provided indicated she was given a back brace at the acute onset of her symptoms. Therefore, the request is not medically necessary.