

Case Number:	CM13-0033331		
Date Assigned:	12/06/2013	Date of Injury:	09/17/2012
Decision Date:	04/08/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old female, who sustained an industrial injury on 09/17/2012. She has reported subsequent neck, back and upper extremity pain and was diagnosed with chronic cervical strain, bilateral trapezius muscle and shoulder strain, thoracic and lumbar sprain and right wrist strain. Treatment to date has included oral pain medication, physical and occupational therapy. The MRI of the lumbar spine showed L5-S2 disc bulge. In a progress note dated 09/05/2013, the injured worker complained of pain in the neck, right upper extremity and lower back. Objective examination findings were notable for decreased cervical, thoracic and lumbosacral range of motion and cervical muscle spasm and tenderness. The physician noted that the Bauerfeind lumbar brace was critical as neck brace had proven to be of benefit in the past and lumbar brace would allow the injured worker to improve activities of daily living, restore function and reduce dependency on pain medication. The medications listed are Nucynta, Motrin, Soma, Elavil, Colace and Tylenol with Codeine. A request for authorization of Bauerfeind lumbar brace was made. On 09/30/2013, Utilization Review modified a request for lumbar brace from Bauerfeind lumbar brace to lumbar brace, noting that guidelines do not specifically support a specific brand of lumbar brace over another. ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Bauerfeind Lumbar Brace: Upheld

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

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) Pain Chapter Low and Upper Back Durable Medical Equipment.

Decision rationale: The CA MTUS did not specifically address the use of lumbar spine support or brace. The ODG guidelines recommend that lumbar brace can be beneficial during the acute phase of injury rehabilitation. The use of durable medical equipment can result in functional restoration and aid with mobilization. The use of back brace was noted to have limited beneficial effects in self ambulating patients. The record indicate that the musculoskeletal pain is not limited to the lower back but located in multiple joints in the neck, and extremities. The patient is ambulatory without the use of a back brace. The criteria for the purchase of Bauerfeind lumbar brace was not met.