

Case Number:	CM14-0211942		
Date Assigned:	01/02/2015	Date of Injury:	05/09/2013
Decision Date:	02/27/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 38-year-old male with an injury date of 05/09/2013. Based on the 11/19/2014 progress report, the patient complains of having lower back pain which he rates as a 7/10. His lower back pain radiates into his buttocks, down both legs. He has pain/difficulty performing activities like personal care, lifting, concentrating, working, driving, sleeping, walking, sitting, and exercise. The 11/26/2014 report indicates that the patient has skin rash on the scalp. No further positive exam findings are provided on this report. The 12/08/2014 report states that the patient has pain in the cervical spine, lumbar spine, and bilateral hands. He rates his cervical spine pain as a 6/10, his lower back pain as an 8/10, and headaches as a 7/10. Both the cervical spine and right wrist/hand have a decreased range of motion. The lumbar spine revealed palpable tenderness and loss of range of motion. The patient's diagnoses include the following: 1. Disk bulge of 3 mm at C6-C7, status post fusion at C6-C7, February 13, 2014 2. Status post head trauma with loss of consciousness 3. Bilateral wrist and hand pain 4. Status post auto accident, rule out a recurrent disk herniation 5. Third digit, trigger finger. The utilization review determination being challenged is dated 12/17/2014. Treatment reports were provided from 05/20/2013 - 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support back 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, lumbar support

Decision rationale: The patient presents with cervical spine pain, lumbar spine pain, and bilateral hand pain. The request is for a LUMBAR SUPPORT BACK BRACE. The report with the request is not provided. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar support states, "Prevention: not recommended for prevention. There is strong, consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for a nonspecific LBP (very low quality evidence, but may be a conservative option)." The reason for the request is not provided nor is the report with the request provided. Examination of the lumbar spine reveals palpable tenderness and a loss of range of motion. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. The requested lumbar support back brace IS NOT medically necessary.