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| Case Number: | CM14-0215887 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 05/21/2014 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57-year-old male with a date of injury of May 21, 2014. According to progress report dated November 14, 2014, the patient presents with complaints of low back pain. The patient is also status post right shoulder surgery from 2006. The patient's treatment history includes medications, physical therapy, exercises, icing and chiropractic treatment. Physical examination revealed increase in pain with rotation and extension in the lower back. There is tenderness over the left paravertebral musculature. There is left mild midline tenderness over the L4-5. Sensation is decreased in the left S1 dermatome. The list of diagnoses are; lumbago and reactive sleep disturbance. The patient has been recommended for modified work. Otherwise, she will be kept on total temporary disability. The utilization review denied the request for low back brace on November 26, 2014. Treatment reports from 12/31/13 through 11/18/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8.

Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- low back -lumbar and thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter, Lumbar Supports

Decision rationale: This patient presents with chronic low back pain. The current request is for low back brace. ACOEM Guidelines page 301 on lumbar bracing state; Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines under its low back chapter, Lumbar Supports, states, Prevention: Not recommended for prevention. There is strong and 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 for treatment of nonspecific LBP -very low-quality evidence, but may be a conservative option-. In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. The requested lumbar brace IS NOT medically necessary.