

Case Number:	CM15-0010398		
Date Assigned:	01/28/2015	Date of Injury:	09/14/2011
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 09/14/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with lumbar spine musculoligamentous strain/sprain with radiculitis and lumbar spine disc herniation with radiculopathy. Treatment to date has included physical therapy and an oral and topical medication regimen. Currently, the injured worker complains of lower back pain that is rated an eight out of ten. The treating physician requested a lumbar spine support "to protect the joint". On 01/09/2015 Utilization Review non-certified the request for a lumbar back brace, noting the California Medical Treatment Utilization Schedule 2009, American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, page 300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. Length and frequency of use were not clarified. The use of a lumbar brace is not medically necessary.