

Case Number:	CM15-0011435		
Date Assigned:	01/29/2015	Date of Injury:	01/09/2014
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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:

The injured worker is a 44-year-old male, with a reported date of injury of 01/09/2014. The diagnoses include L4-L5 5.4mm disc protrusion and lumbar spine radiculopathy. Treatments have included lumbar epidural steroid injection times two (2), oral medications and an MRI of the lumbar spine on 02/18/2014. The progress report dated 01/08/2015 indicates that the injured worker had lumbar spine pain, rated 8 out of 10, pain increased with prolonged sitting; and left shoulder pain, rated 6 out of 10. The pain was increased when raising the arm at shoulder level. The objective findings were handwritten and partially illegible. The treating physician requested a back brace. On 01/16/2015, Utilization Review (UR) denied the request for a back brace, noting that the medical records do not provide an alternative rationale to support this request. The MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back 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 low back chapter, lumbar supports

Decision rationale: This patient presents with lower back pain, and left shoulder pain. The treater has asked for 1 BACK BRACE on 1/8/15 . Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment 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). The patient's work status is not included in the provided documentation. In this case, the patient does not present with a compression fracture, instability, or any other back condition that is indicated per ODG guidelines for a back brace. The treater does not provide an explanation as to why a back brace would be necessary. ODG guidelines do not recommend back braces merely for preventive purposes. The request IS NOT medically necessary.