

Case Number:	CM15-0019815		
Date Assigned:	02/09/2015	Date of Injury:	10/07/2008
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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: Texas, 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:

This is a 59 year old male patient who sustained an industrial injury on 10/7/2008. He sustained the injury due to falling out of a lift basket. The diagnoses have included low back pain, lumbar stenosis, degenerative disc disease (DDD), chronic pain syndrome and radiculitis. Per the progress note dated 12/18/2014 he had complains of back pain that has improved with acupuncture treatment and lumbar epidural steroid injection. The physical examination revealed paraspinal lumbar tenderness, pain with flexion and extension, normal strength and sensation and negative straight leg raising test. The current medications list includes tramadol, naproxen, tizanidine and omeprazole. He has had occupational and physical therapy visits, acupuncture and TENS for this injury. On December 30, 2014 utilization review non-certified a request for lumbar back brace. The American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Page 298.

Decision rationale: Request: Lumbar back brace Rationale- Per the ACOEM guidelines, "There is no evidence for the effectiveness of lumbar supports." The cited guidelines do not recommend lumbar support for low back pain. Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of lumbar back brace is not fully established for this patient.