

Case Number:	CM15-0115210		
Date Assigned:	06/23/2015	Date of Injury:	01/12/2002
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 52 year old female, who sustained an industrial injury, January 12, 2002. The injured worker previously received the following treatments functional restoration program, home exercise program, walking program, Cymbalta, Endocet, Tizanidine, Restoril, Methadone and Ibuprofen. The injured worker was diagnosed with chronic lower back pain, lumbosacral degenerative disc disease, chronic pain syndrome, sleep disturbances, mild depression and right lower extremity paresthesias and depression and anxiety. According to progress note of April 28, 2015, the injured worker's chief complaint was low back pain. The pain was rated low at this visit. The injured worker reported being comfortable. The injured worker reported was able to care for self. The pain was radiating into the legs but off and on not on a regular basis. The physical exam noted a normal gait. The injured worker was able to heel-toe walk. The lumbar flexion and extension was limited. The bilateral lower extremity strength was 5 out of 5. The treatment plan included one back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Work Loss Data Institute, Official

Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Online Edition 2015, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic) Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): Chapter 1- pg 9.

Decision rationale: According to ACOEM guidelines (MTUS silent), "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." Clinical studies have failed to show improvement of symptoms or functioning. As such the requested treatment is not medically necessary.