

Case Number:	CM15-0117542		
Date Assigned:	06/25/2015	Date of Injury:	09/26/2011
Decision Date:	09/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 48 year old man sustained an industrial injury on 9-26-2011. The mechanism of injury is not detailed. Diagnoses include lumbosacral sprain-strain injury, multilevel lumbosacral disc injuries with bulging, protrusion, and dessication, lumbosacral facet arthropathy, neuroforaminal stenosis, and myofascial pain syndrome with possible lumbosacral radiculopathy. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 5-8-2015 show complaints of low back pain. Recommendations include back brace, Norco, Flexeril, Flurbiprofen cream, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one back brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are lumbosacral sprain strain injury; lumbosacral myofascial pain syndrome; and possible lumbosacral radiculopathy. The date of injury is September 26, 2011. The request for authorization is dated May 12, 2015. According to a May 8, 2015 progress note, subjectively the injured worker has significant pain and discomfort in the lower back. Objectively, the injured worker has a normal gait. There is tenderness to palpation of the lumbar spine with decreased range of motion (with associated pain) with positive straight leg raising on the left. There is no instability noted. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations for lumbar supports, one back brace is not medically necessary.