

Case Number:	CM15-0119655		
Date Assigned:	06/30/2015	Date of Injury:	08/07/2013
Decision Date:	07/29/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 29 year old male who sustained an industrial injury on August 7, 2013. He has reported pain in the lumbar spine and has been diagnosed with low back pain, lumbar degenerative disc disease, and clinically consistent lumbar radiculopathy. Treatment has included medications, medical imaging, modified work duty, physical therapy, and chiropractic care. There were spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Sensory was normal to light touch in bilateral lower extremities. Strength was 5/5 in the bilateral lower extremities. Straight leg raising was noncontributory. The treatment request included a lumbar brace custom fit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace, custom fit, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar brace is recommended for prevention and not for treatment. The patient sustained a chronic back pain since 2013 and the need for lumbar brace is unclear. Therefore, the request for Lumbar Brace is not medically necessary.