

Case Number:	CM15-0127225		
Date Assigned:	08/05/2015	Date of Injury:	12/02/2003
Decision Date:	09/09/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii

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 43-year-old male who sustained an industrial injury on 12-02-03. He reported injury to his spine, shoulder, and knees. Initial diagnoses are not available. Current diagnoses include thoracic spine strain-sprain, lumbar radiculopathy, multiple lumbar disc bulges, and lumbar spine disc degeneration. Diagnostic testing and treatment to date has included radiographic imaging, spine surgeries, and pain management. Currently, the injured worker complains of ongoing lower back pain with stiffness. His current medication regimen helps and his quality of life has changed due to his pain level. Requested treatments include Prospective: 1 Lumbar Brace. The injured worker is under temporary total disability. Date of Utilization Review: 06-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 1 Lumbar Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Back Brace.

Decision rationale: The patient presents with pain affecting the cervical spine and lumbar radiculopathy. The current request is for Prospective: 1 Lumbar Brace. The treating physician states in the report dated 5/6/15, patient's pain has been getting worse recently - Lumbar Brace (422 & 424B). The ODG Guidelines state, "Not recommended for prevention, recommended as an option 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)." In this case, the treating physician has documented that the patient has non-specific lower back pain and is requesting lumbar support. The current request is medically necessary.