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| Case Number: | CM15-0127576 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 02/19/2009 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 06/30/2015 |
| 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 32 year old female, who sustained an industrial injury on February 19, 2009, incurring back and left knee injuries after a slip and fall. She was diagnosed with a medial meniscus tear, left knee chondromalacia and lumbar sprain. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, sleep aides, physical therapy, bracing and work restrictions. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities with progressive numbness and tingling in the left leg. The treatment plan that was requested for authorization included a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace (retrospective DOS 6/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-lumbar support.

Decision rationale: Lumbar brace (retrospective DOS 6/19/15) is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that 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. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The ODG states that a back brace can be used in spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence). The documentation submitted does not reveal instability or extenuating reasons to necessitate a lumbar brace and therefore the request is not medically necessary.