

Case Number:	CM15-0065050		
Date Assigned:	04/13/2015	Date of Injury:	12/12/2012
Decision Date:	05/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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 59 year old male, who sustained an industrial injury on December 12, 2012. He reported injuries to his lower back and bilateral legs. Treatment to date has included medication and epidural steroid injections. Currently, the injured worker complains of pain in the low back with radiation of pain to both legs. The pain is associated with numbness in the feet and weakness in the legs. He reports numbness and tingling in the left big toe as well. His treatment plan includes medications, discontinuation of Vicodin, outpatient opioid detox program, epidural steroid injection at L5 level and lumbar back brace. Diagnoses associated with the request included lumbago, sciatica, injury of finger, displacement of lumbar intervertebral disc without myelopathy and opioid type dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase lumbar back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298, 301.

Decision rationale: The request purchase lumbar back brace is not medically necessary per the MTUS Guidelines. The MTUS ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation states that the dry wrap was requested to provide more stability and support of the low back. 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 request for a lumbar back brace is not medically necessary.