

Case Number:	CM15-0077820		
Date Assigned:	04/29/2015	Date of Injury:	06/04/1991
Decision Date:	06/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 64 year old male sustained an industrial injury on 6/4/91. He subsequently reported low back pain. Diagnoses include displacement of lumbar intervertebral disc and degeneration of lumbar disc. Treatments to date have included x-ray and MRI studies, acupuncture, injections and prescription pain medications. The injured worker continues to experience upper back pain. Upon examination, gait is slow and guarded heel and toe walk without difficulty and tenderness over right sacral area noted. A request for a Back brace for lumbar spine, as an outpatient was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace for lumbar spine, as an outpatient: 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): 301.

Decision rationale: The request is for a lumbar support in a patient who sustained an industrial injury in 1991. The MTUS guidelines state that lumbar supports are not recommended outside of the acute phase of symptom relief. In this case the claimant is many years removed from the date of injury. Lumbar supports are also not recommended for prevention. The records submitted do not show evidence of a recent fracture, recent spinal fusion or unstable spondylolithesis to support the need for a lumbar brace. The medical necessity of this request is thus not established.