

Case Number:	CM15-0079462		
Date Assigned:	04/30/2015	Date of Injury:	08/09/2014
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, California
 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:

The injured worker is a 41 year old male, who sustained an industrial injury on August 9, 2014. He reported low back pain, right elbow pain, left elbow pain and left knee pain. The injured worker was diagnosed as having dizziness, headache, lumbar sprain/strain, right elbow sprain/strain, left elbow sprain/strain and left knee sprain/strain. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain with associated bilateral lower extremity pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he used a lumbar brace for support. Evaluation on January 16, 2015, revealed continued pain as noted. A new lumbar spine support brace was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Support Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. The claimant had used a lumbar brace in the past. In this case, the claimant's injury was remote and symptoms were chronic. Length of use was not specified. The use of a back brace is not medically necessary.