

Case Number:	CM15-0079708		
Date Assigned:	04/30/2015	Date of Injury:	12/28/2012
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/27/2015

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

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:

This 39 year old male sustained an industrial injury to the back on 12/28/12. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, functional restoration program, home exercise, transcutaneous electrical nerve stimulator unit and medications. In a progress note dated 4/9/15, the injured worker returned requesting medication refills. The injured worker's coverage was denied in the last month. The injured worker had been experiencing nausea, diarrhea and tremor. The injured worker's pain went up to 7/10 on the visual analog scale. The injured worker's pain with medications was 3-4/10. The injured worker had been able to continue his daily activities and exercise. The physician noted that the injured worker never received a back brace from the functional restoration program. Current diagnoses included lumbar spine degenerative disc disease and lumbar stenosis. The treatment plan included medications (Norco and Lyrica), continuing home exercise and a back brace to be used two to three hours a day to help maintain good posture and body mechanics and alleviate pain from weak muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Low Back Chapter 12, page 301.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, post-operative treatment, not demonstrated here. The Back brace is not medically necessary and appropriate.