

Case Number:	CM14-0021459		
Date Assigned:	05/07/2014	Date of Injury:	07/10/2013
Decision Date:	09/17/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who has submitted a claim for low back pain, partial tear of rotator cuff associated with an industrial injury date of 07/10/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of persistent low back pain. Physical examination revealed tenderness in the lumbar spine and restricted lumbar range of motion. Treatment to date has included activity modifications, medications and physical therapy. Utilization review dated 01/23/2014 denied the request for lumbar spine brace because lumbar spine supports have not been shown to have any lasting benefit beyond the acute phase of symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SACRAL ORTHOSIS BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: CA MTUS does not specifically address lumbar spine brace. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that lumbar support such as lumbar spine brace is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of persistent low back pain. The guidelines state that lumbar brace is not recommended for prevention of back pain and its benefit does not exceed the acute phase of pain relief. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Lumbar Sacral Orthosis Brace is not medically necessary.