

Case Number:	CM14-0003603		
Date Assigned:	02/03/2014	Date of Injury:	08/27/2012
Decision Date:	11/20/2015	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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. 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: 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:

The injured worker is a male, who sustained an industrial injury on 8-27-2012. The injured worker is undergoing treatment for: thoracic strain, probable herniated lumbar disc with left lower extremity radiculopathy. On 9-13-13, he was seen for QME. He reported cramping pain in the left side of his mid back with radiation into the upper back and left shoulder into the arm down to the forearm, low back pain increased with twisting and turning with radiation into the left thigh, calf and down to the foot. Physical examination revealed tenderness in the thoracic with slight guarding, and tenderness in the low back with guarding, restricted ranges of motion to the thoracic and lumbar spine, decreased sensation to the left thigh, calf and down toward the ankle. Special testing revealed positive straight leg raise bilaterally, and positive lasegues flip and cram on the left. He rated his pain 6 out of 10 increased to 8 out of 10 with activity. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the thoracic and lumbar spine (date unclear and noted to be 6 months prior to September 2013), possible trigger point or lumbar epidural (date unclear), multiple acupuncture sessions. Medications have included: not documented. Current work status: temporarily totally disabled. The request for authorization is for: purchase of a back brace for the management of symptoms related to the lumbar spine. The UR dated 12-26-2013: non-certified the request for the purchase of a back brace for the management of symptoms related to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.