

Case Number:	CM14-0059667		
Date Assigned:	07/09/2014	Date of Injury:	05/04/2000
Decision Date:	11/25/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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: Pennsylvania, Ohio, 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:

The injured worker is a 54 year old male who sustained an industrial injury on 05-04-2000. According to a progress report dated 12-13-2013, the injured worker was seen for a flare-up of lower back pain. Pain was rated 8.6 on a scale of 1-10. He had tried exercise, stretching, hot and cold packs and medication without relief. Objective findings included MRI finding of L4-5 instability 5 millimeter laterolisthesis of L4 on L5, severe facet arthrosis L4-S1, moderate to severe facet arthrosis L3-4 joint space narrowing, positive Kemp sign right for moderate low back pain, asymmetric lumbar flexion with right posterior thoracolumbar rotation, fixation lower lumbar spine with associated local swelling at the lumbosacral junction, plus 4 muscle spasm in the right thoraco lumbar spine, plus 3 pain on palpation of the lumbar spine worse on the right and 50% loss of lumbar extension and right bending due to pain and fixation. Diagnoses included lumbar sprain strain late effects, thoracic sprain strain and radiculitis. According to a partially legible handwritten progress report dated 03-17-2014, the injured worker was taking 1 Tylenol with codeine as needed. The treatment plan included lumbar support brace for work, change Ibuprofen to Naproxen, increase Tylenol with Codeine, check complete blood cell count and complete metabolic panel. An authorization request dated 03-26-2014 was submitted for review. The requested services included lumbar support brace and complete metabolic panel to check liver function, Naproxen 550 mg #60 for flare-ups and increase Tylenol with Codeine 10-325 mg #45 every 12 hours. On 04-08-2014, Utilization Review non-certified the request for purchase of a custom made lumbar support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Custom-made Lumbar Support Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [http://www.acoempracguides.org/Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders](http://www.acoempracguides.org/Chronic%20Pain;Table%20Summary%20of%20Recommendations,Chronic%20Pain%20Disorders); ACOEM - [http://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](http://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders).

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

Decision rationale: ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the initial acute phase of an injury. The records do not provide an alternate rationale for a lumbar support in the requested timeframe. This request is not medically necessary.