

Case Number:	CM13-0025345		
Date Assigned:	11/20/2013	Date of Injury:	04/26/2013
Decision Date:	01/28/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 claimant is a 24-year-old female who was injured in a work related accident on April 26, 2013, sustaining injury to the low back. Recent examination dated August 1, 2013, indicated diagnosis of symptomatic left L5 neurologic deficit. It was stated at that time that the claimant's physical examination showed restricted lumbar range of motion with diminished sensation in a pinwheel distribution in the left L5-S1 dermatomal region with no pathologic reflexes, positive straight leg raising and no muscle weakness. It states that the diagnosis of L5 neurologic deficit has not been confirmed by imaging and an MRI scan was ordered for further diagnostic interpretation. The records indicate that the claimant has been treated with medication management, formal physical therapy and activity restrictions. The MRI was performed on September 7, 2013 and showed diminished disc height with desiccation at L5-S1 with no disc bulging or protrusion. The L4-5 level was noted to be with a 4 millimeter central disc extrusion abutting the exiting right L5 nerve root. At present there is a request for durable medical equipment in the form of a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment, miscellaneous setting: outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 9, 298, and 301.

Decision rationale: Referring to the guidelines cited: Page 9: "The use of back belts as lumbar supports should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." Page 298: "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." Page 301: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." Based on California MTUS Guidelines, lumbar bracing in this case would not be indicated. The Guidelines indicate that the acute role of bracing can demonstrate benefit but no longstanding or lasting evidence is noted. Guidelines would not support the role of bracing for the employee's current diagnosis. Radiculopathy and disc protrusion are not indications for the role of bracing in the lumbar spine. This specific request would not be supported at present.