

Case Number:	CM13-0035552		
Date Assigned:	02/03/2014	Date of Injury:	03/13/2013
Decision Date:	05/23/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 48 year old male who was injured on 03/13/2013. The patient injured his low back due to repetitive lifting and bending. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/06/2013 revealed a 4-5 mm central disc extrusion at L4-L5 with mild inferior subligamentous migration along the L5 vertebral body, contributing to severe left and moderate right lateral recess narrowing. PR2 dated 11/14/2013 indicated the patient presented with complaints of constant severe low back pain, stiffness and weakness. The patient had increased range of motion with physical therapy 11/12 sessions completed. On examination, there were trigger points of paraspinals present at the lumbar spine and decreased sensation of bilateral lower extremities (patchy distribution). There was +3 tenderness to palpation of the lumbar paravertebral muscles. On orthopedic testing, Kemp's test was positive bilaterally and straight leg raise was positive on the left. The patient was diagnosed with lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, and lumbar sprain/strain. PR2 dated 07/03/2013 reported the lumbar spine examination revealed tenderness to palpation in the left paraspinal muscles. His straight leg raise was positive on the right causing pain into the left buttock, down the leg as well as positive on the left causing pain down the leg consistent with a disc herniation. His motor strength examination of the lower extremities demonstrated 5/5 bilaterally except for the left extensor hallucis longus which was 4+/5. His sensation was intact. The deep tendon reflexes were symmetric. The patient was diagnosed with left lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A LOW BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back, Lumbar supports.

Decision rationale: According to the PR-2 dated 11/14/2013, patient presented with complaints of constant severe low back pain, stiffness and weakness. Examination revealed trigger points of paraspinals present at the lumbar spine, decreased sensation of bilateral lower extremities (patchy distribution), and +3 tenderness to palpation of the lumbar paravertebral muscles, positive Kemp's test bilaterally and positive left straight leg raise. The patient was diagnosed with lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, and lumbar sprain/strain. The patient's industrial injury is more than 1 year past. According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar support is not recommended under the guidelines. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the California MTUS/ACOEM and Official Disability Guidelines and the clinical documentation stated above, the request for purchase of a low back brace is not medically necessary.