

Case Number:	CM13-0036911		
Date Assigned:	12/13/2013	Date of Injury:	09/29/2011
Decision Date:	04/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine has a subspecialty in Pulmonary Medicine 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 56-year-old male who reported an injury on 09/29/2011. The mechanism of injury information was not provided in the medical records. Review of the medical records reveals the patient's diagnosis is sprain or strain of the lumbar region ICD-9 code 847.2. The patient has a history of chronic low back pain. He complains of right lower back pain which he rates 6/10 to 7/10 in the morning, and is worse at the end of the day with warm feelings. The patient states he has tingling in the right leg with standing for too long. Objective findings upon examination revealed tenderness to palpation of the right L5 without radiation. There was no evidence of spasm in these latter areas. The patient had full range of motion in all directions with pain increased at 10 inches from the floor. There was no noted asymmetry, or pain on compression of the hips. Straight leg raise was negative at 45 degrees. The patient was able to walk on heels and toes. There was positive pain at the right sacroiliac joint noted, with negative Fabere's. Patellar deep tendon reflexes were measured at +2/4 bilaterally, and muscle strength was measured at 5/5. The patient had an antalgic gait without limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested service is for an LSO back brace. Official Disability Guidelines state that lumbar supports are not recommended for prevention. They are recommended as an option for treatment for compression fractures, and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. The use of back braces are still under study for postoperative use. As there is no documentation in the medical record of the patient having any type of compression fractures, or any documentation of spondylolisthesis or documented instability, the medical necessity for the requested service cannot be determined at this time. As such, the request for durable medical equipment is non-certified.