

Case Number:	CM13-0039396		
Date Assigned:	03/21/2014	Date of Injury:	07/24/2012
Decision Date:	12/03/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family 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:

This is a 23-year-old female patient who sustained a work related injury on 7/24/12. Patient sustained the injury when she lifted heavy weights back onto the rack causing back pain the current diagnoses include lumbar sprain and strain and sciatica. Per the doctor's note dated 10/3/13, patient has complaints of constant low back pain at 5-8/10 that was radiating to posterior thigh and left lower extremity. Physical examination revealed ROM flexion 35 degree, extension 10degree, lateral bending, 26/25degree, positive Dejerine's and SLR test, DTR's active/symmetrical; sensation and motor strength intact in lower extremities and Waddell's signs were 0/5. The medication lists includes Ibuprofen. The patient has had MRI of the lumbar spine on 7/1/13 that revealed decrease in the L5-S1 disc height, posterior bulging, and an annular tear and normal X-ray findings. Any surgery or procedure note related to this injury was not specified in the records provided. The patient has received 12 PT and 12 chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase LSO Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODGChapter:Low Back, Lumbar supports

Decision rationale: Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. " In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post-operative (fusion)." The patient has received 12 PT and 12 chiropractic visits for this injury. Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture, or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided.