

Case Number:	CM13-0041809		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2011
Decision Date:	04/15/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 American Board of Preventive 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 61 year old male who was injured on 09/16/2011 while he was lifting a 90-pound bag of cement and felt an immediate pop and pain in the lower back. He was examined at [REDACTED] in [REDACTED] by [REDACTED]. Prior treatment history has included six sessions of chiropractic therapy and improved. He had an MRI of the lumbar spine as well as two epidural injections. Diagnostic studies reviewed include sacroiliac joint injection dated 03/01/2013. Electrodiagnostic examination performed on 05/20/2013 is within normal limits and shows no evidence of peripheral neuropathy, peripheral nerve entrapment, or nerve root impingement. It is possible to have posteriorly placed nerve impingement without abnormalities on the EMG needle examination. A lumbar facet injection was performed on 10/14/2013. Progress note dated 03/18/2013 documented the patient to have complaints of pain in his lower back that remains unchanged. The pain is located in the low back and neck. Objective findings on exam included lower back examination revealing minimal tenderness to palpation of the lumbar paraspinal muscles, right greater than left. There was no tenderness over the lumbar spine process. Gait was normal and he was able to walk on tiptoe toes and heels, and able to perform tandem gait. On range of motion there was pain with flexion and moderate decrease of ROM. Facet exam showed no tenderness to palpation of the facet joints with no pain with facet loading. Reflexes: 2+ patellar-L4 and 1+ Achilles-S1 bilaterally, normal plantar reflex, no clonus noted, negative Hoffman's sign. Sensory exam was normal to pinwheel in L1 through S1 dermatomes bilaterally, except for decreased sensation along the right lateral thigh. Progress note dated 04/09/2013 documented the patient with complaints of chronic low back pain which occasionally radiates up into the base of his neck. Objective findings on exam included examination of the thoracic spine revealing no deformity, nontender, and no palpable thoracic paraspinal muscle spasm. When seated, straight leg rising (right/left) is 80/80 degrees.

Flip test is negative on the right and negative on the left. Cram test is negative on right and left. Femoral, polpiteal and pedal pulses are palpated bilaterally. There are no venous varicosities. There is no edema. There is no clonus or Babinski sign. Toes are downgoing bilaterally. Calf circumference at greatest diameter, equal distance distal to the knee joint line (right/left) 15'15 ¼ ". There is a moderate sensory deficit in the right lower extremity corresponding to the fifth lumbar dermatome. The sensory deficit involves not only light touch, but pin prick as well. Gait is normal. The range of trunk motion, utilizing inclinometer reveals flexion 80 degrees with fingertips miss touching toes by 4", extension 20 degrees, right lateral bend 20 degrees and left lateral bend 20 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace: Upheld

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

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

Decision rationale: ACOEM guidelines for lumbar support details: 'recommended for treatment of nonspecific low back pain. Very low-quality evidence, but may be a conservative option'. However, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is noted with complaints of ongoing low back pain and tenderness over the paraspinal muscles, decreased range of motion with pain, loss of normal lumbar lordosis, and positive straight leg raise. However, the guidelines do not recommend this request beyond the acute phase of symptom relief. Therefore, this request is not indicated as medically necessary at this time.