

Case Number:	CM13-0049744		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2010
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient was a 54-year-old male who sustained an injury on 03/17/2010 while performing his usual and customary job duties. He felt an immediate onset of pain in his right hip and right knee with slight pain in his lower back. The patient subsequently had an x-ray of the lumbar spine on 06/19/2013 which had the impression of degenerative grade I anterolisthesis of L5 on S1 and straightening of the lumbar lordotic curvature with restricted range of motion in flexion and extension. It is noted that the report is incomplete. The patient had an MRI performed on 11/27/2013 which had significant findings for the lumbar spine region from T12 through S1. The documentation submitted for review dated 12/30/2013 indicated the patient was found to be at maximum medical improvement and permanent and stationary on 03/29/2011 by QME. The documentation noted the patient had indicated that she was using a lumbar belt to help her do stuff around the home. Upon physical examination, it was noted the patient had palpatory tenderness of the lumbar paraspinal on the left side that extends into the left sacroiliac joint and left buttock region, and straight leg raise test bilaterally was positive for pain in the lumbar spine with no leg pain. The patient's treatment plan was indicated to be Naprosyn 550 mg twice a day as an anti-inflammatory, tizanidine 4 mg twice a day for muscle relaxation, analgesic compound cream that contained tramadol, gabapentin, menthol, camphor, and Capsaicin for symptomatic relief of pain and the recommendation for lumbosacral brace to support back for comfort mostly while the patient is in standing position for prolonged periods of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral brace to support back: 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): 300.

Decision rationale: The request for a lumbosacral brace to support the back is non-certified. The CA MTUS/ACOEM Guidelines state that lumbar support is not recommended for treatment of low back disorders. Guidelines further indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It was noted the patient was using lumbar support for comfort while performing ADLs. However, the use of the lumbar support is contraindicated per the CA MTUS/ACOEM Guidelines. Given the information submitted for review, the request for lumbosacral brace to support back is non-certified.