

Case Number:	CM13-0051722		
Date Assigned:	01/03/2014	Date of Injury:	11/02/2012
Decision Date:	06/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational 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 33-year-old male with a date of injury on 11/2/2012. Per the notes the patient was struck in the right foot by a forklift carrying a pellet; he fell backward onto his buttocks and subsequently developed low back pain and bilateral leg pain. The patient was initially treated with conservative measures without relief. On 5/28/13 it was noted that the patient has tried chiropractic treatment, heat/cold, physical therapy and oral analgesics. At that time he was working full time, full duty. A physical examination noted the lumbar spine was non-tender to palpation with flexion to 70 degrees with end-range pain, extension to 15 degrees without significant pain. An MRI of the lumbar spine performed on 1/15/13 noted a large herniated disc at L4-L5 and a small disc at L5S1. A follow-up visit occurred on 10/8/13 which noted that the patient continued on oral analgesics including Ultracet, Motrin and Lyrica. No examination of his lumbar spine was noted. The recommendation by the treating physician was made for the patient to use a soft Velcro lumbar support that can be used at work especially when lifting.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOFT VELCRO LUMBAR SUPPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER (LOW BACK COMPLAINTS), 298-301

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 298-301.

Decision rationale: The patient is now 18 months out from the date of his original injury. The ACOEM Guidelines note that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, the ACOEM Guidelines note that there is no evidence for the effectiveness of lumbar supports preventing back pain in industry. Therefore, there is no indication for a soft Velcro lumbar support at this time. The request is not medically necessary and appropriate.