

Case Number:	CM13-0065634		
Date Assigned:	01/03/2014	Date of Injury:	05/23/2012
Decision Date:	08/26/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 28 year old female with a 5/23/12 date of injury. The injury occurred when she was packaging shipments and continuously moving boxes from the ground floor to the first floor. Some of these boxes being carried upstairs were heavy. She was doing this for the last five months and during the date of injury; the patient had pain in the low back. According to a progress note dated 12/30/13, the patient complained of bilateral leg pain. She reported low back pain radiating down her legs, the left more than the right, with some numbness on the top of her left foot. According to a 12/30/13 progress note, it is documented that there was no evidence of instability or stress fracture, no significant degenerative changes, and no evidence of foraminal stenosis or narrowing. Objective finding: examination of the lumbar spine revealed range of motion allowing for flexion of 45 degrees, lateral flexion of 20 degrees, and extension of 10 degrees on each side; positive straight leg raise on the left; neurologic exam of the lower extremities was intact in regards to motor strength, sensation, and deep tendon reflexes. Diagnostic impression: left S1 radiculopathy and left sciatica secondary to left L5-S1 disc herniation. Treatment to date: medication management, activity modification. A Utilization Review decision dated 12/4/13 denied the request for a lumbar spine belt, which is a back support type of durable medical equipment. Guidelines suggest a lumbar support may be helpful in a non-specific back pain. This patient is pending surgery; therefore, the request does not comply with current recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALEO LUMBAR SPINE BELT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS states that "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief"; however, Official Disability Guideline states that "lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain as a conservative option. In addition, there was no clear evidence that the claimant has functional limitations. Therefore, the request for a Valeo Lumbar Spine Belt is not medically necessary.