

Case Number:	CM13-0071726		
Date Assigned:	01/08/2014	Date of Injury:	01/07/2011
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 41 year old female who reported an injury on 08/12/2012. She had a physical examination on 09/19/2013. She complained of continuous pain in the lower back with pain radiation to both legs and feet. She rated her pain at 5/10 and stated that coughing and sneezing aggravate her lower back pain. She reported that her pain increases with prolonged standing, walking and sitting for more than 20-30 minutes. She reported difficulty bending forward, sleeping and sexual dysfunction. The exam findings were tenderness and hypertonicity bilaterally with palpation of the lumbar paraspinal muscles. Straight leg raise and Kemp's tests were positive on the left. Deep tendon reflexes were +2 in the L4 and S1 muscle groups bilaterally. Sensation was normal in the L4, L5 and S1 nerve root distribution bilaterally. The injured worker has been intolerant to physical therapy, activity, medications and home exercise. The plan for the injured worker is to use capsaicin cream and Norco for symptoms and to allow for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A LUMBAR SUPPORT 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): 300.

Decision rationale: The injured worker has low back pain and is being treated with medication. Documentation provided includes a history of intolerance with physical therapy, activity, medications and home exercise. ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker does not have a diagnosis of spondylolistheses, nor does the injured worker have documented instability. The use of a brace according to the ACOEM Guidelines would not be a benefit as the injured worker is no longer in the acute phase. Therefore, the request is not medically necessary and appropriate.