

Case Number:	CM14-0002086		
Date Assigned:	01/24/2014	Date of Injury:	04/12/2013
Decision Date:	06/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/07/2014

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 has submitted a claim for lumbar disc prolapse with radiculopathy L4-5 on the right and lumbar strain associated with an industrial injury date of April 12, 2013. Treatment to date has included activity modification, non-steroidal antiinflammatory drugs (NSAIDs), opioids, muscle relaxants, steroids, and physical therapy. Medical records from 2013 were reviewed. Patient complained of chronic lower back pain aggravated by normal movements and relieved by walking around, sitting, and resting. Physical examination showed no tenderness over the lumbar spine, restricted range of motion at forward bending of 30 degrees, straight leg raise (SLR) is tolerated to 90 degrees on the left and 60 degrees on the right, deep tendon reflexes (DTR) of 1+ at both ankles, and no sensory loss noted. Utilization review from December 5, 2013 denied the request for low back brace for failure to document information that would support the use and benefit of a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The MTUS/ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines states that lumbar supports 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 this case, the reason for prescribing a back brace was not indicated. The injury occurred over a year ago, and the condition is now in its chronic phase. Lumbar x-ray and MRI were done, both of which showed no evidence of lumbar instability, fractures, and vertebral displacement. Recent progress notes dated August 20, 2013 reported, continuation of conservative management, and no reevaluation of the patient has been done since then. Therefore, the request for back brace is not medically necessary.