

Case Number:	CM14-0002870		
Date Assigned:	01/29/2014	Date of Injury:	04/09/2013
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgeon and is licensed to practice in Orthopedic Surgeon. 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 48 year old male whose date of injury is 04/09/13. The injured was pulling items on a pallet when he re-injured a prior hernia and the right knee. Treatment to date includes lumbar MRI, six chiropractic visits, TENS unit, eight sessions of aquatic therapy, and bilateral hernia surgery on 12/06/13. Medical team conference dated 01/16/14 indicates that the patient is doing well. Pain is reported to the inguinal regions bilaterally, but has had some improvement. Low back pain on a regular basis that radiates into the legs, left greater than right is also documented. On physical examination there is difficulty standing from a sitting position. The injured walks with a slow guarded gait and has a limp favoring the left lower extremity. Weakness to the left knee is rated as 4/5. Traced deep tendon reflexes in the lower extremities is documented. The request is for a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME) - LUMBAR 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), Back Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Brace.

Decision rationale: Based on the clinical information provided, the request for durable medical equipment-lumbar back brace is not recommended as medically necessary. The American College of Occupational and Environmental Medicine, (ACOEM) Guidelines reports that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Guidelines go on to state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no clear rationale provided to support the requested brace at this time.