

Case Number:	CM14-0003738		
Date Assigned:	02/03/2014	Date of Injury:	09/20/2013
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 59-year-old female with date of injury of 09/20/2013. The listed diagnoses per the provider dated 12/20/2013 are: back pain, lumbar spine strain, lumbar spine radiculopathy bilaterally, and cervical spine radiculopathy. According to the report, the patient complains of back pain. The patient describes it as moderate in intensity and is triggered by lifting, bending, and standing. She states that her pain is flaring up at this time. The exam shows there are paraspinal muscle spasms in the lumbar spine. The range of motion is 25% reduced in the lumbar spine. Sensory and motor exam is normal. Deep tendon reflexes are normal. The utilization review denied the request on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SACRAL CORONAL PANEL PREFAB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LUMBAR SUPPORTS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LUMBAR SUPPORTS

Decision rationale: This patient presents with continued back pain. The treating provider is requesting a lumbar-sacral coronal panel prefab. The ACOEM Guidelines on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In addition, the Official Disability Guidelines (ODG) states that it is not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. It is, however, an option for compression fractures and specific treatments of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence). The 11/04/2013 report referenced an x-ray report, date of which is unknown, showing minimal scoliosis and mild disk narrowing at L2-3 and L5-S1, nothing that would correlate instability. In this case, the patient does not have a diagnosis that would warrant the use of a lumbar brace. Although the patient has non-specific back pain, ODG indicates very-low grade evidence for the use of bracing. The recommendation is for denial.