

Case Number:	CM14-0004184		
Date Assigned:	02/03/2014	Date of Injury:	11/16/2009
Decision Date:	07/07/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 54-year-old male who reported an injury after he reached for an object on 11/04/2008. The most recent clinical note dated 11/21/2013 did not address the lumbar spine. Therefore, the clinical note dated 10/16/2013 indicated the injured worker reported pain to the lumbar spine. On physical examination of the lumbar spine, range of motion was limited. The injured worker had tenderness to palpation over the paraspinal muscles bilaterally, straight leg raise test was positive with pain radiating down the lateral thigh. However, muscle strength was 5/5 in the L4, L5 and S1 nerve roots bilaterally. The injured worker's sensation was intact and deep tendon reflexes were normal. The injured worker's unofficial lumbar spine MRI revealed a small 3 mm disc bulge at L4-5. The injured worker's prior treatments included diagnostic imaging, physical therapy, surgery, and medication management. The injured worker's medication regimen included Anaprox, Prilosec and Ultram. The provider submitted a request for durable medical equipment for lumbar support for lower back pain. A request for authorization dated 12/09/2013 was submitted for a lumbar spine brace. However, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT-LUMBAR SUPPORT FOR LOWER BACK PAIN:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

Decision rationale: The request for Durable Medical Equipment-Lumbar Support for Lower Back Pain is not medically necessary. The California MTUS/ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) guidelines do not recommend lumbar supports for prevention, however they are recommended as a treatment. The Official Disability Guidelines (ODG) indicate that lumbar supports are recommended as a treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Although the injured worker had complaints of low back pain with limited range of motion, the guidelines indicate lumbar supports have not been shown to having lasting benefits beyond the acute phase of symptom relief. In addition, the documentation submitted did not indicate the injured worker had findings that would support being at risk for compression fractures, spondylolisthesis, or instability. Furthermore, the injured worker's muscle strength was 5/5 bilaterally, the injured worker's sensation was intact and deep tendon reflexes were intact. Therefore, the request for durable medical equipment-lumbar support for lower back pain is not medically necessary.