

Case Number:	CM14-0005576		
Date Assigned:	06/11/2014	Date of Injury:	01/10/2005
Decision Date:	07/14/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation and is licensed to practice in Minnesota. 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 54 year old male who reported an injury on 0/10/2005 from jumping off an air conditioning unit 4-5 feet off grown. The injured worker had a history of lumbar spine pain at 4/10. Getting up from bed aggravates the lumbar spine pain. The injured worker denied radiating pain to the legs, and numbness to the feet. Upon examination of the back on 12/16/2013 the injured worker had flexion 80 degrees with pain, extension 20 degrees with pain, positive paraspinous spasm to lumbar, positive bilateral lower lumbar paraspinous tenderness, positive left tenderness to posterior superior iliac spine, motor strength 5/5 for flexion bilaterally, negative straight leg raise bilaterally, and negative Fabere test bilaterally. The injured worker had a diagnosis of spondylolisthesis lumbosacral region and lumbago. The injured worker has no data for medications. The injured worker had been going to the chiropractor with unknown number of sessions. The injured worker current status is working. The treatment plan was authorization for LSO brace with heating/ice pack accessory, request to extend authorization for physical therapy, Duexis for pain, continue physical therapy, and consider MRI of lumbar spine if pain persists.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT LSO BRACE WITH HEATING AND ICE ACCESSORY QUANTITY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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, lumbar support.

Decision rationale: The injured worker has a history of lumbar spine pain. The California 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 (ODG) states that lumbar supports do not prevent lower back pain. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. The injured worker's lumbar spine pain and had no current medications listed. There is lack of evidence that a lumbar spine support brace would benefit the injured work. In addition, the injured worker is 9 years status post injury and is no longer in the acute phase. Therefore, the request for durable medical equipment LSO brace with heating and ice accessory is not medically necessary.