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| Case Number: | CM14-0009625 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 06/09/2003 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 69-year-old with a June 9, 2003 date of injury. The patient was injured when he felt a pull in his lower back when lifting a cart with 80 dishes as the two front wheels were not working properly. On December 23, 2013, the patient presented for a medication refill. He had continued low back pain radiating to the lower extremity and feels weakness in his left leg. Objective: he is wearing a lumbar brace. He has tenderness to palpation over the bilateral paravertebral musculature, left greater than right with decreased lumbar ROM (range of motion). Diagnostic Impression: Lumbar Strain, Radiculitis, Sleep Disorder. Treatment to date: lumbar brace, medication management, activity modification, ESI. A UR decision dated January 10, 2014 denied the request for the lumbar brace. The rationale for the denial 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:

LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 AND 301.

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: Immobilization.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, the ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (low back pain) as a conservative option. However, this patient is already noted to be wearing a lumbar brace. It is unclear why he needs a new one. There is no documentation that it has been damaged. The request for a lumbar spine brace is not medically necessary or appropriate.