

Case Number:	CM14-0104501		
Date Assigned:	07/30/2014	Date of Injury:	03/12/2003
Decision Date:	09/26/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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 Texas. 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 76 year old male who sustained an injury to his low back on 03/12/03 while descending down some stairs; he slipped and fell down because there was apparently lighter fluid that another worker spilled on the staircase. The injured worker landed on his buttocks and subsequently underwent physical therapy, chiropractic manipulation treatment, and medications. It was noted that the injured worker's low back pain had subsided somewhat with limited improvement, but returned with increased frequency of pain associated with tingling/numbness, as well as weakness progressing over the last few weeks per clinical note dated 05/12/14. A peer review dated 06/05/14 reported that the previous request was denied. A progress report dated 04/21/14 noted that the injured worker is status post lumbar surgery in 2010. The most recent progress report dated 06/09/14 noted that the injured worker recently underwent MRIs and a CT scan of the lumbar spine that was performed on 06/08/14; however, there were no imaging studies provided for review. It was noted that the injured worker has failed conservative treatment including physical therapy, home exercise program, and acupuncture. The injured worker started using an H-wave unit which has helped significantly reduce his acute flare up of chronic low back pain. Physical examination noted tenderness to palpation of the lumbar paravertebral; restricted range of motion of forward flexion to 15 degrees, extension 5 degrees; straight leg raise positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Aspen Summit Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Lumbar supports.

Decision rationale: The request for purchase of an Aspen Summit back brace is not medically necessary. The previous request was denied on the basis that current guidelines do not recommend lumbar supports as there is no documentation or rationale for the need of the support, the request of the purchase was not deemed as medically necessary. The Official Disability Guidelines state that there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Current evidence based studies have 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. These studies concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. Given this, the request for purchase of an Aspen Summit back brace is not indicated as medically necessary.