

Case Number:	CM14-0104637		
Date Assigned:	07/30/2014	Date of Injury:	12/11/2013
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
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 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 30 years old female with an injury date on 12/11/2013. Based on the 05/28/2014 progress report provided by [REDACTED] the diagnoses are: cervical spine strain/sprain, lumbar spine strain/sprain, thoracic spine strain/sprain, lower extremity radiculitis. According to this report, the patient complains of neck, mid back, and low back pain. Tenderness to palpation of the cervical/thoracic/ lumbar paraspinals, suboccipital, upper trapezius muscles bilaterally, T4 to T12 spinous processes, and quadrates lumborum muscle bilaterally. Lumbar range of motion is slightly decreased. Pinwheel sensory dermatome of L5 is decreased bilaterally. There were no other significant findings noted on this report. [REDACTED] is requesting a purchase of the LSO back support. The utilization review denied the request on 06/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports dates 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back support purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss Data Institute Low Back - Lumbar (Acute and Chronic) updated 5/12/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 301 states Official Disability Guidelines (ODG).

Decision rationale: According to the 05/28/2014 report by [REDACTED] this patient presents with neck, mid back, and low back pain. The treater is requesting a purchase of the LSO back support to prevent flare-ups. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states "not recommended for prevention", however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The patient does have non-specific low back pain but this has very low-quality evidence. Given the lack of support from the guidelines, recommendation is for denial.