MAXIMUS Federal Services

Case Number:	CM14-0106868		
Date Assigned:	09/26/2014	Date of Injury:	05/19/2004
Decision Date:	10/28/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 injured worker is a 52-year-old male who reported an injury on 05/19/2004 due to an unknown mechanism. Diagnoses were disc disorder (lumbar), lumbar radiculopathy, and knee pain. Physical examination on 08/21/2014 revealed complaints of neck and low back pain that radiated into the left leg. The pain was rated 8/10. The injured worker reported he was doing a home exercise program as outlined by prior physical therapy. The injured worker reported quality of life had improved as long as he took his medications and tried to stay active. The injured worker reported his sleep had improved secondary to pain control. Examination of the lumbar spine revealed paravertebral muscle spasm and tenderness noted both sides. Straight leg raise test was positive on both sides. Medications were Avinza, docusate, Lyrica, Pennsaid, trazodone, Cymbalta, ibuprofen, omeprazole, hydrocodone, and Metformin. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG;-TWC Low Back Procedure Summary lat updated 07/03/2014 regarding lumbar supports

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 Pain, Lumbar Supports

Decision rationale: The decision for Lumbar support brace is not medically necessary. The ACOEM Guidelines state lumbar supports are not recommended for prevention. They are recommended as an option for treatment. They are recommended for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low quality evidence, but may be a conservative option). The Official Disability Guidelines state they are also for the treatment of nonspecific low back pain, compared with no lumbar support, and elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analog scale) and at improving functional capacity; however, evidence is weak (very low quality evidence). The rationale was not reported for why the injured worker needed a lumbar support brace. It was not reported that the injured worker was back to work. It was reported that the injured worker was improved in functional improvement. The clinical information submitted for review does not provide evidence to justify a lumbar support brace. Therefore, this request is not medically necessary.