

Case Number:	CM14-0014170		
Date Assigned:	02/26/2014	Date of Injury:	04/28/2012
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 56 year old with an injury date on 4/28/12. Based on the 1/2/14 progress report provided by [REDACTED] the diagnoses are: 1. chronic lower back pain 2. lumbar radiculopathy affecting left L5 and S1 nerve roots Exam on 1/2/14 showed "L-spine range of motion limited with pain. Left antalgic gait. Decreased senses in left L4, L5, and S1." [REDACTED] is requesting special service/proc/report. The utilization review determination being challenged is dated 1/22/14 and rejects request due to ODG lack of support for lumbar supports. [REDACTED] is the requesting provider, and he provided treatment reports from 3/25/13 to 1/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIAL SERVICE/PROC/REPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, CHAPTER 12, 301

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines for lumbar supports has the following: Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-

Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005).

Decision rationale: This patient presents with lower back pain radiating to left lower extremity. The treater has asked special service/proc/report which RFA on 1/2/14 lists as unspecified "DME." On 1/2/14 report treater requests "lumbar brace to help physical activities" which UR letter interprets as original request. On 11/14/13, patient's back pain is exacerbated by bending, increased activity, and movement and improved by rest and medication. Patient shows flare up of lower back symptoms since Duexis 800mg have been denied by insurance on 1/2/14 report. Patient had gone through chiropractic, multi-modality, physical therapy, and aquatic therapy with little improvement in symptoms according to 3/25/13 report. 3/25/13 report mentions patient was already provided with lumbosacral support on 6/14/12. Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, records indicate patient has already been provided with lumbar support brace. Requested for special service/proc/report (L-spine brace) is not necessary if patient already has brace. Furthermore, for non-specific back pain, only very low-quality evidence exist for use of lumbar brace. Recommendation is for denial.