

Case Number:	CM14-0016713		
Date Assigned:	06/04/2014	Date of Injury:	07/21/2012
Decision Date:	09/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 45-year-old male with date of injury of 07/21/2012. The listed diagnoses per [REDACTED] dated 11/14/2013 are: 1. Lumbosacral spondylosis without myelopathy. 2. Myalgia and myositis, NOS. 3. Chronic pain syndrome. 4. Lumbar disk displacement without myelopathy. 5. Dysthymic disorder. 6. Sleep disturbance, NOS. According to this report, the patient complains of low back and right lower extremity pain. The patient has tried conservative options including analgesics and physical therapy which are not helpful overall or did not last in regards to pain reduction or functional improvement. The physical examination shows the patient uses an assistive device for ambulation. Deep palpation results in distal radiation of pain. Muscle strength is reduced in the quadriceps. The patient is not able to toe and heel walk. Straight leg raise of the affected side reproduces the patient's radicular symptoms. Examination of the deep tendon reflexes reveal patellar reflex is decreased. Sensation of the region reveals dysesthetic sensation throughout the affected area. He has decreased sensation to pinprick along the anterior and lateral portion of the leg. The Utilization Review denied the request on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BACK BRACE: Upheld

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

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) ODG guidelines for lumbar supports has the following.

Decision rationale: This patient presents with low back and right lower extremity pain. The treater is requesting a lumbar back brace. The ACOEM Guidelines page 301 on lumbar bracing states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore, ODG Guidelines do not support the use of lumbar supports for prevention, stating that there is strong inconsistent evidence that lumbar supports were effective in preventing neck and back pain. It is indicated as an option 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). The progress report dated 11/14/2013 documents, "He should have access to a lumbar brace as this will allow him to upright and move around more without feeling constant instability." In this case, the patient does not have a diagnosis that would warrant the use of a lumbar brace. Although the patient has non-specific back pain, ODG indicates very-low grade evidence for the use of bracing. Recommendation is for denial.