

Case Number:	CM14-0125377		
Date Assigned:	08/11/2014	Date of Injury:	10/15/2013
Decision Date:	09/18/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on 10/15/2013. The mechanism of injury was noted as a pulling injury. The most recent progress note, dated 5/13/2014, indicated that there were ongoing complaints of low back pain that radiated into the right lower leg. The physical examination demonstrated lumbar spine limited range of motion, nerve root tension sign on supine bilaterally 70 and sitting bilaterally 75 . The patient did not complain of increase in pain towards terminal range of motion. There was positive tenderness to palpation of the paraspinal musculature, spinous processes, piriformis and gluteus groups bilaterally. Right hip had an unremarkable exam except for positive tenderness in the buttocks region. Right knee had an unremarkable exam. Diagnostic imaging studies included an MRI of the lumbar spine, dated 2/3/2014, which revealed L3-L4 disc protrusion results and mild left neural foraminal narrowing and central canal stenosis, L4-L5 disc protrusion central canal stenosis and L5-S1 disc protrusion with degenerative facet disease resulting in right neural foraminal narrowing. Previous treatment included physical therapy, chiropractic care, and medications. A request had been made for a lumbosacral brace and was not certified in the pre-authorization process on 7/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 OF 9 LUMBOSACRAL BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

Decision rationale: ACOEM treatment guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not medically necessary.