

Case Number:	CM14-0131006		
Date Assigned:	09/26/2014	Date of Injury:	07/29/2010
Decision Date:	11/05/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Practice, and is licensed to practice in Texas & Mississippi. 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 57-year-old female who reported an injury on 07/29/2010. The mechanism of injury occurred during a fall. Her diagnoses included low back pain, thoracic pain, thoracic sprain/strain, cervical sprain/strain, cervical spine disc disease, rupture or herniation of the lumbar disc, lumbar sprain/strain, lumbar disc bulge with radiculitis, and neck pain. Her past treatments included 2 lumbar epidural steroid injections with the last 1 being performed on 05/30/2014. Her diagnostic exams included 2 electromyography studies of the lower extremities, an MRI of the left and right shoulder, and an MRI of the lumbar spine. The injured worker's surgical history was not clearly indicated in the clinical notes. On 08/06/2014, the injured worker complained of continued low back pain with intermittent right leg radiculopathy. She also indicated that her flare-up pain in the right leg was a result of her electromyography performed on approximately 07/2014. The physical exam revealed minimal decreased range of motion to the lumbosacral spine. The range of motion values for her lumbosacral spine included, 80 degrees of flexion, 20 degrees of extension, 25 degrees of left lateral flexion, 25 degrees of right lateral flexion, 25 degrees of left rotation, and 25 degrees of right rotation. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consisted of the use of a lumbar back brace. A request was received for an LSO lumbar back support. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was not signed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO lumbar back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for a LSO lumbar back support is not medically necessary. The ACOEM Guidelines do not recommend lumbar supports due to lack of evidence showing any lasting benefit beyond the acute phase of symptom relief. Based on the clinical notes, the injured worker had low back complaints with intermittent right leg radiculopathy. She also had 2 previous lumbar epidural steroid injections with 1 more planned within the month. The clinical notes indicated that she was injured approximately 4 years ago and her most recent complaints would not be considered as the "acute phase of treatment." The guidelines state that lumbar back supports show no benefit past the acute phase of treatment; therefore, the request is not supported. Therefore, due to lack of support from the guidelines for the use of a back brace, the request for a LSO lumbar back support is not medically necessary.