

Case Number:	CM14-0178123		
Date Assigned:	10/31/2014	Date of Injury:	10/18/2012
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female who had a work injury dated 10/18/12. The diagnoses include neck strain, myospasms, left elbow sprain, lumbar stenosis. Under consideration are requests for a back support quantity 1. There is an 8/19/14 first report of occupational injury or illness is handwritten with parts being illegible. The patient has back 6/10 pain constant. On exam her lumbar flexion 30 degrees, extension 20 degrees. The paraspinal muscles are tender to palpation, spasm. MRI Spinal stenosis at L4-L5. Plan: Urinalysis for toxicology, pain management evaluation, follow-up, chiropractic treatment, medical foods, medications, functional capacity evaluation, x-rays, MRIs, EMG/NCS, DME. Work status is noted as not able to perform usual work. There is a 3/25/14 document that states that the patient is complaining of constant low back pain on and off radiating into right lower extremity and pain present under bottom of both feet mostly right. The patient's right lower extremity pain is associated with tingling, numbness, weakness, cramps, burning. The patient rated pain 5 to 9 out of 10 on pain scale. Pain is aggravated with activities. Pain somewhat improves with therapy, medications. On exam of the mid back is normal. Examination of the lower back shows midline tenderness extending from L3-S1 bilateral lumbar facet tenderness is noted L4-L5, L5-S1 right more than left. Mild right sciatic notch tenderness is noted. Thoracic and lumbar spine movements still remain painful. SLR (sitting and lying) and Lasegue's positive right at 60 degree. Examination of the extremities shows the patient can walk on toes, painful. The patient can walk on heel, painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back support, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 301, 9, 298.

Decision rationale: Back support quantity 1 is not medically necessary per the MTUS Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation states that the dry wrap was requested to provide more stability and support of the low back. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The documentation does not indicate any extenuating reasons that the patient must require a back support. The request for back support quantity 1 is not medically necessary.