

Case Number:	CM14-0185057		
Date Assigned:	11/12/2014	Date of Injury:	01/04/2006
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Pain Management, 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 59 year old female with an injury date of 01/04/06. Based on the 09/30/14 progress report provided by treating physician, the patient complains of low back pain that radiates to the bilateral lower extremities. Physical examination to the lumbar spine revealed spasm and tenderness to palpation to the paravertebral muscles. Positive straight leg raise test. Per treater report dated 07/09/14, patient had 4 chiropractic sessions. Patient is to continue home exercise program. Diagnosis 09/30/14- lumbar spine sprain/strain- right sacroiliac sprain- right lower extremity radiation The utilization review determination being challenged is dated 10/13/14. Treatment reports were provided from 06/02/14 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

QuickDraw lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 133-134.

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) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Lumbar supports (http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports)

Decision rationale: The patient presents with low back pain that radiates to the bilateral lower extremities. The request is for Quickdraw Lumbar Spine Brace. Patient's diagnosis dated 09/30/14 included lumbar spine sprain/strain. Physical examination to the lumbar spine on 09/30/14 revealed spasm and tenderness to palpation to the paravertebral muscles. Positive straight leg raise test. Patient had chiropractic sessions and is to continue with home exercise program. ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "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." ODG Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Given the lack of ACOEM and ODG Guidelines support for the use of lumbar bracing, the request is not medically necessary and appropriate.