

Case Number:	CM14-0042974		
Date Assigned:	06/30/2014	Date of Injury:	12/28/2012
Decision Date:	08/21/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine 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:

This is a 24-year-old male with a 12/28/2012 date of injury, when he injured his lower back while loading an item into a customer's vehicle. The patient has ongoing lower back pain. The patient was referred to the spine surgeon for the second opinion, however the physician stated the patient should continue physical therapy. The patient was seen on 3/5/2014 with complaints of dull and aching low back pain, radiating to the bilateral hips, worse on the left. The patient also complained of numbness and tingling in the bilateral lower extremities. The exam findings revealed mild antalgic gait, tenderness over the thoracic spine and pain at the extremes of the low back range of motion. Heel walking revealed lower back pain and Faber test and reverse Faber test were positive bilaterally. The patient was seen on 3/3/2014 with complaints of 9/10 lower back pain, worsening since June 2013 and interfering with patient's activities of daily living (ADLs). Exam findings revealed tenderness in the lumbar spine area. The progress notes from 9/11/2013 - 2/11/2014 stated, that the patient complained of 7/10 lower back pain, which was getting worse. The patient was not working since October 2013. The exam findings revealed tenderness in the lumbar spine area decreased range of motion (ROM) of the lumbar spine and negative straight leg raising (SLR) test. The patient indicated decreased sensation in the left lower extremity. The diagnosis is lumbar strain/sprain and muscle spasm. The 6/7/13 magnetic resonance imaging (MRI) of the lumbar spine showed disc bulges at multiple levels with some contact on the nerve roots without nerve root compression. The 9/20/2013 x-ray of the lumbar spine showed no evidence of instability in flexion or extension, maintained disc spaces and scoliosis. Treatment to date: work restrictions, home exercise program, medications and physical therapy. An adverse determination was received on 3/22/2014, revealed that given the lack of documentation objectively supporting the request for a lumbar spine support, and there was no evidence of instability or recent or pending surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an elastic lumbar support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports.

Decision rationale: CA MTUS does not address this issue. Per the Official Disability Guidelines (ODG), lumbar supports are not recommended for prevention in neck and back pain. They are recommended as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). The patient's x-ray of the lumbar spine dated 9/20/13 revealed no instability; there is no evidence for compression fractures on the imaging. ODG Guidelines do not recommend an elastic lumbar support for prevention of lower back pain. Therefore, the request for an elastic lumbar support was not medically necessary.