

Case Number:	CM14-0051549		
Date Assigned:	07/09/2014	Date of Injury:	02/23/2012
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The patient is a 32 year old male who was injured on 02/23/2012. The mechanism of injury is unknown. Prior treatment history has included physical therapy, nerve root injection at left L1-L4 and myelogram with fluoroscopy on 02/05/2014. Prior medication history included ketoprofen, omeprazole, and tramadol. Diagnostic studies reviewed include MRI of the lumbar spine dated 06/03/2013 revealed probable partial sacralization of the L5 segment (chronic); mild to moderate 3 mm L1-L2 left paramedian and lateral disc protrusion without degenerative disc disease and with normal facet joints and mild-moderate encroachment upon the left neural foramen at this level; mild L3-4 degenerative disk disease with minimal 1.5 mm diffuse disc bulging, normal facet joints and mild moderate encroachment upon the neural foramina at this level; moderate L4-probable partially sacralized L5 degenerative disc disease with mild 2 mm diffuse disc bulging, normal facet joints and mild-moderate encroachment upon the neural foramina at this level. Progress report dated 04/12/2014 states the patient complained of constant moderate low back pain, with numbness and tingling radiating into the legs bilaterally. He described the pain as severe shooting pain throughout the night that interrupts his sleep. Objective findings on exam revealed tenderness to palpation of the lumbar spine musculature. He has decreased sensation in the right L5 distribution. There is restricted range of motion of the lumbar spine. There are positive straight leg raise tests bilaterally. Diagnoses are lumbar spine sprain/strain and lumbar discopathy. The patient was recommended for lumbar support to assist with his activities of daily living. Prior utilization review dated 04/18/2014 states the request for lumbar support purchase is denied as lumbar support is not recommended for treatment of acute and chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

Decision rationale: According to MTUS guidelines, lumbar supports have no benefit beyond the acute injury phase. According to ODG guidelines, lumbar supports are not recommended for prevention. They may be recommended for spondylolisthesis, compression fracture, or instability. There is very low-quality evidence in support of lumbar supports for non-specific low back pain. In this case, a lumbar support is requested for a 32-year-old male injured on 2/23/12, with chronic low back pain, lumbar degenerative disc disease and lumbar radiculopathy, to assist with activities of daily living. However, lumbar support is not recommended for prevention nor does the patient have fracture, instability or spondylolisthesis. Medical necessity is not established.