

Case Number:	CM14-0060842		
Date Assigned:	07/16/2014	Date of Injury:	01/24/2011
Decision Date:	09/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 47-year-old female who reported injury on 01/24/2011. The mechanism of injury was the injured worker was moving a bedridden patient. The prior treatments included physical therapy and medication. The documentation indicated the injured worker had received a lumbar support on 01/08/2013. Prior therapies included physical therapy, home exercise program, and trigger point injections. The surgical history was not provided. The documentation of 04/24/2014 revealed the injured worker continued to have low back pain. The injured worker's medications were noted to include NSAID solution, MiraLax, Lyrica, naproxen, Celebrex, bupropion, Nuvigil, and Colace. The injured worker was noted to continue walking 3 times a week for 20 minutes and perform exercises in physical therapy for 20 minutes. The documentation indicated the injured worker's activities of daily living remained limited by pain. The injured worker was noted to be able to groom but had difficulty shampooing, drying her hair, toweling off, and soaping her legs. The physical examination revealed the injured worker had a normal movement when exiting the room. The injured worker was noted to have back and left knee pain with squatting. The treatment plan included a lumbar wrap to reduce back pain when performing activities of daily living. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Wrap/Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 308.

Decision rationale: The ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles.. The documentation indicated the injured worker had previously been dispensed a lumbar support in January of 2013 and there was a lack of documented rational for a second lumbar support. There was lack of documentation of spinal instability. However, if the injured worker had utilized a lumbar support since January of 2013, there would be a question of deconditioning of the spinal muscles due to extended use. There was a lack of documentation of objective functional benefit from the prior support's usage. Given the above and the lack of documentation of exceptional factors, the request for lumbar wrap/lumbar brace is not medically necessary.