

Case Number:	CM14-0067227		
Date Assigned:	07/11/2014	Date of Injury:	08/12/2013
Decision Date:	09/19/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 Medicine, and is licensed to practice in Texas and Ohio. 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 60-year-old female who reported an injury on 08/12/2013 while putting a quadriplegic patient to bed. She twisted the wrong way while bending and lifting the patient's weight and her back had sudden pain. Diagnoses were lumbar strain with spasm, lumbar spondylosis with improving sciatic symptoms. Past treatments were the use of an over-the-counter corset brace, home exercise program, and chiropractic sessions. Diagnostics were an x-ray which revealed multilevel degenerative changes, minor anterolisthesis at the L4-5 limbus vertebra versus age indeterminate, compression fracture of superior endplate at L4. Surgical history was gallbladder removal, carpal tunnel syndrome. Physical examination on 06/24/2014 revealed the injured worker was in chiropractic care and had noted steady increase in range of motion with diminished pain and frequency of spasm. Examination of the lumbar spine revealed range of motion for flexion was to 80 degrees, extension was to 15 degrees, rotation was to 20 degrees bilaterally. There was discomfort noted on the flexion, extension test. Neurologic exam was intact. Medications were Vimovo as needed. Treatment plan was to continue with chiropractic sessions and home exercise program as tolerated. The rationale was not submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lumbar Sacral Orthosis (LSO) Back Brace.: Overturned

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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Pain, Lumbar Supports.

Decision rationale: The California/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines state lumbar supports are not recommended for prevention. They are recommended as an option for treatment. They are recommended 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). They are also for the treatment of nonspecific low back pain, compared with no lumbar support, and elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analog scale) and at improving functional capacity. However, evidence is weak (very low quality evidence). There were some changes on the injured worker's x-ray that revealed a limbus vertebra versus age indeterminate compression fracture of superior endplate at L4. Guidelines recommend lumbar supports for compression fractures and nonspecific low back pain. Therefore, the request is certified.