

Case Number:	CM14-0088807		
Date Assigned:	07/23/2014	Date of Injury:	01/21/2013
Decision Date:	09/10/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/12/2014

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, 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 injured worker is a 47 year-old male with the date of injury of 01/21/2013. He presents with pain in his low back, with limited range of lumbar motion. The MRI from 01/22/2013 shows moderate lumbar stenosis at L2-L3 and L3-L4. The patient is currently taking Indomethacin and Norco. The patient rates his pain as 5-6/10 on the pain scale. Based on [REDACTED] report on 04/10/2014, the patient is returning to full duty on 04/10/2014 without limitations or restrictions. According to [REDACTED] report on 04/10/2014, diagnostic impressions are; Lumbosacral (Joint) (Ligament) sprain, Lumbar sprain, Thoracic or lumbosacral neuritis or radiculitis, unspecified. [REDACTED] requested for lumbar support aspen. The utilization review determination being challenged is dated on 05/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/03/2013 to 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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); ACOEM, 2nd Edition, Lumbar supports, Chapter 7, page 134.

Decision rationale: The injured worker presents with pain and weakness in his low back and lower extremities. The request is for lumbar support. MTUS guidelines do not discuss lumbar supports. ACOEM guidelines do not recommend a lumbar support for treatment of low back pain, although ODG guidelines state that it may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. For non-specific back pain, ODG states that there is very low-quality evidence. [REDACTED] report on 04/10/2014 indicates that the patient has been using a lumbar support. None of the reports explain why the patient started using a lumbar support, how long the patient has used it, or how the patient responded to it. In this case, there is lack of guidelines support for the use of lumbar brace for non-specific low back pain and the physician does not document how the previous bracing has been helpful in terms of pain relief and improved function. Therefore, this request is not medically necessary.