

Case Number:	CM14-0185240		
Date Assigned:	11/13/2014	Date of Injury:	07/12/2011
Decision Date:	01/27/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Rehab, 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 patient is 43-year-old male with an injury date of 07/12/2011. Based on the 01/22/2014 progress report, the patient has a positive Lasegue on the left. There is tightness and spasm at the lumbar paraspinal musculature bilaterally. There is hypoesthesia in the anterolateral aspect of the foot and ankle of an incomplete nature at L5-S1 dermatome level. There is weakness in the big toe dorsiflexor and big toe plantar flexor and facet joint tenderness at L3, L4, L5 levels. The 04/30/2014 report states that the patient complains of having pain in his lower back with radicular symptoms to the legs. The patient has difficulty sleeping due to the pain and difficulty with lifting. The 08/13/2014 report states that the patient continues to have lower back pain with radicular symptoms to his legs. He also has stress and anxiety. He has a positive straight leg raise, 75 degrees on the right and 75 degrees on the left. There is tightness in the lumbar paraspinal musculature. The patient's diagnoses include the following: 1. Cervical sprain/strain, herniated cervical disk with radiculitis, positive MRI (date of MRI not provided). 2. Tendinitis, carpal tunnel syndrome, right hand, positive NCV (date of NCV not provided). 3. Tendinitis, carpal tunnel syndrome, left hand, positive NCV (date of NCV not provided). 4. Lumbar strain, herniated lumbar disk with radiculitis, positive MRI (date of MRI not provided). 5. Symptoms of anxiety and depression. 6. Symptoms of insomnia. The utilization review determination being challenged is dated 10/07/2014. Treatment reports were provided from 08/16/2013 - 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back brace: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, lumbar supports.

Decision rationale: According to the 08/13/2014 progress report, the patient presents with lower back pain with radicular symptoms to the legs. The request is for a Low Back Brace. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its low back chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." There was no reason provided for the request. In this case, the patient is diagnosed with lumbar strain, herniated lumbar disk with radiculitis, cervical sprain/strain, and herniated cervical disk with radiculitis. In this case, the patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low-quality evidence. The requested low back brace is not medically necessary.