

Case Number:	CM14-0190716		
Date Assigned:	11/24/2014	Date of Injury:	11/09/2013
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency 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:

This case involves a 45 year old male who sustained an injury on 11/9/2013. While the injured worker was stocking merchandise he got up from a squatting position and felt an extreme pop to his low back with radiation to his hips resulting in back and hip injury. He was seen by a physician the next day who ordered radiographs and a diagnosis of muscle spasms was made. He then had an MRI with no specific results available; however, because of the MRI he was referred to the spine institute (2/3/14). He was diagnosed with spondylitis and surgery was recommended which was denied by the insurance carrier. His last day worked was 11/9/13. On the examination dated 6/26/14 and 8/8/14 the injured worker exhibits frequent slight to moderate continuous low back pain, weakness, numbness, tingling and cramping radiating to bilateral lower extremities the right being greater than the left. There are spasms over the lumbar spine. The symptoms are associated with cold weather, sudden movement, lifting 10 pounds, prolonged sitting standing and bending. Lumbar spine range of motion is abnormal. There is tenderness on palpation of the L3-L5 spinous process, lumbar paravertebral muscles, right gluteus, sacrum and thoracolumbar junction. Kemps, straight leg raises and Bragard's are positive. The diagnoses include lumbar spine L5-S1 spondylitis and lumbar spine sprain/strain. Pain level is 7-8 out of 10. He uses a cane to ambulate. The documented treatments include three chiropractic, four acupuncture and six extracorporeal shockwave treatments (results not clearly documented). On 8/8/14 the work status is temporary total disability. Medications include Tramadol, naproxen, pantoprazole, gabapentin and Flurbiprofen 20% Tramadol 20% amitriptyline 10%, dextromethorphan 10% and cyclobenzaprine 4%. Requests for functional capacity evaluation regarding the lumbar spine, urine sample to determine current level of prescription medications, pain management and neurosurgical consults, additional acupuncture, chiropractic treatments were submitted per documentation 8/8/14. There was no mention of the use of a back brace in the available

documentation. On 10/23/14 Utilization Review non-certified the request for an [REDACTED] back brace for 5 months based on no clear rationale for the back brace. Both ACOEM and Official Disability Guidelines (ODG) guidelines were used and state that back braces have not been shown to have a lasting benefit beyond the acute phase of symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] [REDACTED] back brace x 5 months rental: 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 rationale: As per ACOEM Guidelines, lumbar supports such as [REDACTED] back brace has no lasting benefits beyond acute phase for symptom relief. Based on the medical records submitted for review this patient's pain is chronic. There is no rationale as to why a brace was being requested for chronic back pain. Therefore, this request is not medically necessary.