

Case Number:	CM14-0194993		
Date Assigned:	12/02/2014	Date of Injury:	04/08/2013
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 27 year old male with a reported industrial injury on April 8, 2013, the injured worker was bending over to pick up a package and felt a pop in his lower back area. The injured worker was examined on October 27, 2014; the examination noted limited range of motion of the lumbar spine, loss of the lordotic curvature, squats without deviation and shows twenty degrees of forward flexion before substitution occurs. The injured worker had previous lumbar epidural steroid injections without note of effects from it. Notes dated July 9, 2014 state a Magnetic resonance imaging (MRI) of the lumbar spine was done and revealed a continued L4-5 protrusion with anular tear. The notes also state that all conservative treatment measures had been exhausted and no further injection, epidural injection or surgery were indicated or warranted at that time nor anticipated in the future. The medical records dated July 9, 2014 also note the injured worker had been on muscle relaxers, oral steroids, and had done physical therapy without mention of the number of sessions. The October 27th note states the diagnoses as being Lumbago, other symptoms referable to back, spinal stenosis, lumbar region without neurogenic claudication and sacroiliitis, not elsewhere classified. The treatment plan included, Non-steroidal anti-inflammatory drug, pain management, lumbar support brace and laboratory studies. The injured worker is currently working. On October 9, 2014 a request by the physician was made for Lumbar Support Brace. On October 16, 2014 the Utilization Review non- certified the request. The Utilization Review denial was based on the California Medical treatment utilization schedule (MTUS) guidelines American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Lumbar Support

Decision rationale: CA MTUS addresses the use of lumbar support in the chapter on low back complaints. Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG addresses use of lumbar support in the section on Low Back and states that lumbar support may be indicated in cases of compression fracture, spondylolisthesis and documented instability. In this case, the injury was over a year ago, is no longer in the acute phase of management, and there is no documentation of any compression fracture, spondylolisthesis or instability. Lumbar support is not medically indicated.