

Case Number:	CM14-0204806		
Date Assigned:	12/17/2014	Date of Injury:	04/14/2010
Decision Date:	03/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a 56-year-old male with an injury date of 04/14/2010. Based on the 08/25/2014 progress report, the patient complains of chronic neck pain and back pain. Tenderness is noted in the cervical spine and paraspinal muscles, range of motion is restricted for the neck, and neck movements are painful. The patient has tenderness along his lumbar spine. He has difficulty getting up from a chair, difficulty maintaining balance, is unable to increase speed during the walking phase, shows loss of balance during Romberg test, and loss of balance noted on heel to toe walking. The 09/29/2014 report indicates that the patient continues to have back pain. No new positive exam findings are provided on this report. The 10/29/2014 report states that the patient has low back pain, seasonal allergies, GERD, and hypothyroidism. The lumbar spine has a restricted range of motion, tenderness of the paravertebral muscles, tenderness of the spinous process, and tenderness of both sacroiliac joints. The patient's diagnoses include the following: 1. Low back pain. 2. Chronic pain syndrome. 3. Lumbar disk displacement without myelopathy. 4. Abnormality of gait. 5. Neck pain. 6. Backache not otherwise specified. Upper, mid, and lower back pain. 7. Encounter for therapeutic drug monitoring. 8. Unspecified bone and cartilage disorder, lumbar spine. The utilization review determination being challenged is dated 11/24/2014. There are treatment reports provided from 05/17/2013 & 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Low back chapter, lumbar supports

Decision rationale: The patient presents with lumbar spine pain and cervical spine pain. The request is for a DME - LSO BACK BRACE PURCHASE. The report with a request is not provided. ACOEM Guidelines page 301 on lumbar bracing states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief. ODG Guidelines under its low back chapter, lumbar support states, Prevention: Not recommended for prevention. There is strong, 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 treatment for a nonspecific LBP (very low quality evidence, but may be a conservative option). The reason for the request is not provided nor is a report with the request provided. Examination of the lumbar spine reveals a decreased range of motion, tenderness on both sides of the paravertebral muscles, tenderness over the spinous processes on both sides, and tenderness over both sacroiliac joints. 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 LSO back brace IS NOT medically necessary.