

Case Number:	CM14-0086166		
Date Assigned:	07/23/2014	Date of Injury:	04/09/2014
Decision Date:	02/06/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 a 61-year-old male with an injury date of 04/09/2014. Based on the 04/09/2014 progress report, the patient complains of having upper back pain which he rates as a 3/10. He states that the pain is mainly on the left side with numbness and a tingling sensation. The patient also has bilateral arm pain which he rates as a 4/10 and this radiates to the bilateral hands. The patient rates his low back pain as a 3-4/10 and this back pain radiates to the bilateral legs, knees, and calves. He has tenderness to palpation and spasms of the upper trapezius muscles and a decreased range of motion for the cervical spine. In regards to the thoracolumbar spine, he has tenderness to palpation with spasms of the quadratus lumborum muscles bilaterally. The 04/18/2014 indicates that the patient continues to have back pain, neck pain, and leg pain. He has very low force on both hands. There are no further exam findings provided on this report. The 04/25/2014 report states that the patient complains of lower back pain and complains of sharp pains to the back radiating to the anterior abdomen. The patient has a restricted range of motion, tenderness to palpation, and the pain radiates to the anterior abdominal wall. The patient's diagnoses include the following: Cervical spine sprain/strain with myospasms. Lumbar spine sprain/strain with radiculitis. The utilization review determination being challenged is dated 05/29/2014. There were three treatment reports provided from 04/09/2014, 04/18/2014, and 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back 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

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: The patient presents with upper back pain which is mainly on the left side with numbness/ tingling, bilateral arm pain which radiates to the bilateral hands, and low back pain which radiates to the bilateral legs, knees, and calves. The request is for an LSO back support brace. 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 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 treatment for 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 cervical spine sprain/strain with myospasms and lumbar spine sprain/strain with radiculitis. 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 support brace is not medically necessary.