MAXIMUS Federal Services

Case Number:	CM15-0028002		
Date Assigned:	02/20/2015	Date of Injury:	05/09/2009
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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:

This 51 year old female sustained a work related injury on 05/09/2009. According to a progress report dated 01/13/2015, the injured worker complained of numbness of the hands. In regard to the back, diagnoses included discogenic lumbar condition with MRI showing multilevel disc disease; nerve studies not being done and for which, she had no interventional treatment. Nerve studies obtained in December 2010 showed L5-S1 involvement bilaterally. MRI obtained in October 2010 showed degenerative changes of the lumbar spine, notably at L3-L4 and L4-L5 with moderate spinal stenosis and bilateral foraminal stenosis of each side (at that time, there was an adnexal mass noted as well). The injured worker was having further biopsy with regard to that uterine mass but was now getting a letter from the insurance carrier saying they do not consider the back to be part of the job injury which had been rated. The provider noted that it appeared that the files were not updated following an Agreed Medical Evaluation. On 02/06/2015, Utilization Review non-certified lumbar back support. According to the Utilization Review physician, the provider's report did not give any subjective complaints or physical examination findings in relation to the lumbar spine to indicate a need for a lumbar support. The prior diagnostic imaging did not indicate any instability or fracture and the electrodiagnostic study done on 01/04/2012 revealed no evidence of lumbosacral radiculopathy or peripheral nerve compression. CA MTUS ACOEM Practice Guidelines Chapter 12, Back was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back support: 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 low back chapter, Lumbar Supports.

Decision rationale: This patient presents with chronic neck, back, left knee and right shoulder pain. The current request is for LUMBAR BACK SUPPORT. 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. In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. The requested back brace IS NOT medically necessary.