

Case Number:	CM15-0038512		
Date Assigned:	03/09/2015	Date of Injury:	11/27/1999
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 37-year-old male, who sustained an industrial injury on 11/27/1999. On 3/2/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of constant pain in lower back radiating down legs with numbness and tingling and reports a recent exacerbation of back pain at 9/10 on 3/4/15. Physical examination of the lumbar spine revealed tenderness on palpation and limited range of motion. The diagnoses have included lower back pain; lumbar sprain/strain; lumbalgia/lumbar intervertebral; myofascial pain. Treatment to date has included chiropractic therapy; acupuncture; TENS unit; trigger point injections; lumbar support; medications. Diagnostic studies completed include Lumbar MRI (9/4/09) that revealed disc degeneration, annular tear and foraminal narrowing and EMG/NCS lower extremities (3/6/15) that revealed bilateral lower extremity radiculopathy. A Utilization Review was completed on 2/11/15. The medication list include Naproxen, Cyclobenzaprine, Ibuprofen, Gabapentin and Omeprazole. The patient has used a TENS unit. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME): back support (LSO): 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) Lumbar supports.

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 (updated 03/24/15) Lumbar supports.

Decision rationale: Request: Durable Medical Equipment (DME): back support (LSO). Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Treatment: 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). Under study for post-operative use; see Back brace, post operative (fusion). Patient has received an unspecified number of chiropractic therapy and PT visits for this injury. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. The medical necessity, of Durable Medical Equipment (DME): back support (LSO) is not fully established.