

Case Number:	CM14-0111466		
Date Assigned:	09/16/2014	Date of Injury:	03/21/2013
Decision Date:	10/23/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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 & Rehabilitation 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 injured worker is a 45 year old female who was injured on March 21, 2013 to the right knee and right ankle. The mechanism of injury is due to standing on a chair and fell off the chair. The diagnoses listed as displacement of lumbar intervertebral disc without myelopathy (722.10). The most recent progress note dated 7/1/14 reveals complaints of back pain. Pain is rated a 5 to 6 out of 10 on visual analog scales (VAS) with medications and 8 to 9 out of 10 without medications. The injured worker was given Flurbiprofen cream and Terocin patches at this visit. Physical examination reveals muscle spasms and tenderness to palpation in the lumbar paravertebrals, restricted lumbar range of motion for flexion 20 degrees, extension 10 degrees, left and right lateral side bending 10 degrees. Prior treatment includes one week of physical therapy completed, medications, right ankle arthroscopy in 2014, chiropractics, acupuncture, and several injections. Current medications include Norco 10/325 milligrams, Zanaflex 4 milligrams, Omeprazole 20 milligrams, Somnicin, and Xanax extended release (ER). The claimant was to remain off of work until 8/26/14. A prior utilization review determination dated 6/30/14 resulted in denial of lumbar aspen back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar [REDACTED] back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Clinical Measures - Devices: Lumbar Supports (electronically cited) Official Disability Guidelines (ODG): Low Back - lumbar supports

Decision rationale: According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. A lumbar support is not recommended under the guidelines. Lumbar brace is also recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. The use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the CA MTUS/ACOEM and ODG, the request for lumbar brace is not medically necessary.