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| Case Number: | CM14-0113846 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 04/15/2014 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Illinois. 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 27-year-old male with a reported date of injury of 04/15/2014. The injury occurred when the injured worker was inside of a trailer moving packages from a conveyor belt. He picked up a package weighing approximately 125 to 130 pounds. He bent his knees, lifting the package, and he felt a sharp pain in his mid and low back. His diagnoses include lumbar sprain/strain with radicular complaints. The injured worker has tried previous treatments with ice and physical therapy. The efficacy of those treatments was not provided. The injured worker had an examination on 06/11/2014 for complaints of intermittent to moderate back pain in his low back radiating to both of his legs, knee level, which is aggravated by prolonged sitting, standing, and walking, bending to the left side, sneezing, twisting, lifting, and carrying. The pain was associated with numbness in the low back and numbness and weakness in the knees. Upon physical examination, his lumbosacral spine revealed tenderness about the paralumbar musculature and tenderness at the midline thoracolumbar junction and over the level of the L5-S1 facets and right greater sciatic notch. There were muscle spasms present. He had a positive Patrick FABERE's test, negative Trendelenburg sign, negative Lasegue, sciatic tenderness, and Braggard's. Test knee jerk and ankle jerk were a 2+ bilaterally. His sensation was to a light touch and pinprick intact in the L1-S1 dermatomes bilaterally. The injured worker ambulated normally without a limp, and was able to squat fully. The medication list consisted of naproxen and Tylenol with codeine. The efficacy of those medications was not provided. The recommended plan of treatment was for him to have acupuncture therapy, MRI of the lumbar spine, and a lumbar brace to assist with his activities of daily living. The Request for Authorization was signed and dated for 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back , Lumbar support.

Decision rationale: The ACOEM Guidelines do not recommend lumbar supports. Lumbar support is not recommended for the treatment of low back disorders. The Official Disability Guidelines do not recommend lumbar supports for prevention. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for the treatment of nonspecific low back pain. The injured worker does have low back pain, although there was not a diagnosis of the spondylolisthesis and there was not documented instability on the examination. The examination revealed the injured worker does walk normally without a limp and that he is able to squat fully. The clinical information fails to meet the evidence based guidelines for the request for the lumbar brace. Therefore, the request for 1 lumbar brace is not medically necessary.