

Case Number:	CM14-0133433		
Date Assigned:	08/25/2014	Date of Injury:	07/22/2014
Decision Date:	09/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 and 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:

This 47 year-old patient sustained an injury on 5/9/14 while employed by [REDACTED]. Request(s) under consideration include Lumbar spine support belt. Diagnoses include lumbar sprain/strain/ disc syndrome/ radicular neuralgia/ dysfunction; thoracic sprain/strain/ dysfunction. Report of 6/19/14 from the provider noted patient with exam findings of limited lumbar range; tenderness and spasm; positive Lasegue at 60 degrees; positive Kemp's; dermatomes in left lower extremity decreased with absent patellar reflexes. Report of 7/10/14 from the provider noted the patient with ongoing low back symptoms. Exam showed tenderness to palpation at L4-5 and L5-S1; decreased range of motion; positive SLR at 25 degrees sitting on left and 45 degrees on right; decreased motor strength of hip flexor/extensor; knee flexor/extensor; and EHL; with normal sensation throughout. Conservative care has included chiropractic treatment, medications, and activity modification/rest. The request(s) for Lumbar spine support belt was not medically necessary on 8/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine support belt: 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 rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Lumbar spine support belt is not medically necessary and appropriate.