

Case Number:	CM14-0142529		
Date Assigned:	09/10/2014	Date of Injury:	03/15/2013
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 Orthopedic Surgery 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:

56-year-old male claimant with an industrial injury dated 03/05/13. Exam note 05/05/14 states the patient returns with low back and left leg pain. The patient states that the pain is a persistent stabbing pain in the left side of the lower back and radiating to the left leg. The patient rated the pain a 9/10 and also mentions pain in the neck/ left shoulder in which he rated a 9/10 as well. Upon physical exam the patient had tenderness to palpation in the left paraspinal musculature of the thoracic and lumbar region. The patient did have muscle spasms over the left of the lumbar spine, in addition to when completing the range of motion tests. Range of motion was noted as a flexion of 30', extension of 15', rotation right was 30', rotation left was 30', tilt right was 20' and tilt left was 20'. Sensation was normal, and motor strength by manual muscle test was normal. The patient had 2+ bilaterally of deep tendon reflexes of the knees and ankles. The patient completed a negative Waddell signs test. Current medications include Tramadol to aid with pain relief. Diagnosis is noted as lumbar disc injury with facet syndrome, left sided sacroiliac joint syndrome and stress syndrome of possible industrial origin. Treatment includes a [REDACTED] lumbar pneumatic brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Lumbar Pneumatic Brace L0631 for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Lumbar Supports

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

Decision rationale: Based on the American College of Occupational and Environmental Medicine (ACOEM) guidelines Chapter 12, page 301, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The patient has chronic back pain since 3/5/13. Therefore the request does not meet recommended guidelines for acute low back pain and is not considered medically necessary and appropriate.