

Case Number:	CM14-0092217		
Date Assigned:	09/12/2014	Date of Injury:	09/06/2012
Decision Date:	10/14/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/18/2014

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 Nevada. 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 records presented for review indicate that this 35 year-old male was reportedly injured on September 6, 2012. The mechanism of injury is noted as cumulative trauma from carrying heavy object. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of low back pain. The pain is rated as 4/10 and described as aching and radiates into the left lower extremity. The physical examination demonstrated diminished lumbar range of motion, normal reflexes, and diminished sensation in an L4 and L5 distribution of the left lower extremity. Kemp's test was positive on the left and straight leg raise is positive on the left. Muscle strength testing was normal lower extremity. Sacroiliac joint testing was positive bilaterally. The clinician indicates that there is a history of a 6 mm L4-L5 disc herniation with radiculopathy into the left lower extremity. Previous treatment includes radiographs, physical therapy, chiropractic manipulation, and MRI, epidural injections, and oral medications. Electrodiagnostic studies performed on January 13, 2014 demonstrated no evidence of lower extremity radiculopathy but notes that clinical findings were suggestive of left L4-L5 radiculopathy. A request had been made for a lumbar support and was not medically necessary in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Supply for a Lumbar Support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Back Brace

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Low Back, Lumbar Supports

Decision rationale: The CA MTUS only addresses the topic of Lumbar Supports for acute low back pain and does not address their use for chronic low back pain. The ODG indicates that lumbar supports are not recommended for prevention, but may be an option for treatment. Specifically, for treatment of compression fractures, spondylolisthesis, documented instability, or for nonspecific low back pain noting that there is very low-quality evidence, but this may be a conservative option. Based on the clinical documentation provided multiple previous conservative measures attempted including injections, oral medications, physical therapy, and advanced imaging. Additional documents have indicated that the claimant has been considered for operative intervention, but is attempting to maximize conservative measures. The clinician does not provide a clear indication for the utilization of this brace. The claimant has a known disc herniation with complaints of left lower extremity radiculopathy that was not reproducible on electrodiagnostic studies. It is unclear how the addition of a lumbar brace would affect this underlying disc herniation. As such, the request is considered not medically necessary.