

Case Number:	CM13-0038518		
Date Assigned:	12/18/2013	Date of Injury:	09/29/2012
Decision Date:	09/24/2015	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 9/29/12. The injured worker was diagnosed as having lumbar muscle strain, spasm, and radiculitis. Treatment to date has included chiropractic treatment and medication. Physical examination findings on 1/17/13 included tenderness to palpation over the lumbar spine and decreased forward flexion and extension. Currently, the injured worker complains of low back pain with occasional numbness and tingling down the right lower extremity with weakness in the legs. The treating physician requested authorization for the purchase of a lumbar spine home exercise kit and the purchase of a lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbar spine home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: CA MTUS/ACOEM recommend home exercise programs (HEP) following formal therapy for low back pain. However gym membership and advanced home exercise equipment is not recommended or indicated in the performance of a HEP. In this case, the patient has undergone both chiropractic and physical therapy treatments and should be well-versed in performing HEP. Therefore the request for purchase of a HEP exercise kit is not medically necessary or appropriate.

Purchase of a lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Guidelines state that lumbar supports are not recommended for treatment of low back pain. They may, however, be useful for specific treatment of spondylolisthesis, documented instability of the lumbar spine or post-operative treatment. This patient does not meet the above criteria for the medical necessity of a lumbar brace. The use of a brace for prevention or treatment of low back pain is not supported by ACOEM guidelines. Therefore the request is deemed not medically necessary or appropriate.