

Case Number:	CM15-0015938		
Date Assigned:	02/03/2015	Date of Injury:	07/11/2014
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, who sustained an industrial injury on July 11, 2014. He has reported he was lifting fifty pounds boxes of clothing four about four hours and developed rapidly progressive severe pain in low back. The diagnoses have included lumbar spine sprain/strain, constipation and rule out depression. Treatment to date has included Magnetic resonance imaging, oral narcotic, lumbar discectomy at L5-S1 on September 4, 2014 and lumbar surgery on October 1, 2014, lumbar brace and physical therapy. Currently, the injured worker complains of lumbar spine pain on the right with occasional pain radiating to his right posterior thigh to his knee and posterior right calf. In a progress note dated December 30, 2014, the treating provider reports decreased range of motion, gait is antalgic on the right, right lumbar spine pain with heel walking, and unable to perform squatting due to right lumbar pain. On January 8, 2014 Utilization Review non-certified a lumbar-sacral orthosis (LSO) brace, noting, American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Lumbar support: 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 based on Non-MTUS Citation Official disability guidelines low back chapter, Lumbar Supports

Decision rationale: The patient presents with lumbar spine pain on the right with occasional pain radiating to his right posterior thigh to his knee and posterior right calf. The request is for DME LUMBAR SUPPORT. The RFA is dated 01/06/15. Per progress report dated 12/30/14, the treating provider reports decreased range of motion, gait is antalgic on the right, right lumbar spine pain with heel walking, and unable to perform squatting due to right lumbar pain. Patient's diagnosis included lumbar spine sprain/strain, constipation, and rule out depression. The patient is to return to modified duty. ACOEM Guidelines page 301 states, Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Page 9 of ACOEM Guidelines also states, The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. ODG Guidelines, under its low back chapter, Lumbar Supports also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). In this case, the patient has a chronic condition, and does not present with compression fracture, documented instability, or spondylolisthesis to warrant lumbar support based on guidelines. Given the lack of ACOEM and ODG guidelines support for the use of lumbar support, the request IS NOT medically necessary.