

Case Number:	CM15-0064361		
Date Assigned:	04/10/2015	Date of Injury:	04/04/2014
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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, 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 51-year-old male, who sustained an industrial/work injury on 4/4/14. He reported initial complaints of back pain. The injured worker was diagnosed as having L4-5 and L5-S1 central disc herniation. Treatment to date has included medication, home exercises, and diagnostics. MRI results were reported on 2/10/15. Electromyogram/nerve conduction velocity was done on 6/6/13. Currently, the injured worker complains of continued back pain and sciatica with rating of 7/10. Per the primary physician's progress report (PR-2) on 2/25/15, the injured worker had new coccyx pain in the past 4-6 weeks. The pain radiated to the left thigh, calf, ankle, and foot. Examination revealed standing range of 60 degrees, straight leg raise on the left to be 60-70 degrees and 80-90 degrees on the right. There was significant tension sign on the left. Gait was slightly broad based. There was subjective loss of sensation in the left L4-5. The requested treatments include purchase of durable medical equipment (DME) - Brace for Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of DME - Brace for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/low back support.

Decision rationale: This is a request for Durable Medical Equipment in the form of a lumbar brace to treat chronic low back pain. The ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient's injury was over one year ago, so no longer qualifies as acute. The ODG states that lumbar supports are recommended as an option for compression fractures, specific treatment of spondylolithesis, documented instability and for treatment of non-specific low back pain (very low quality evidence). This patient does not demonstrate any of these diagnoses, therefore the request is deemed not medically necessary or appropriate.