

Case Number:	CM14-0101401		
Date Assigned:	07/30/2014	Date of Injury:	05/12/2014
Decision Date:	09/26/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 Internal Medicine 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:

The injured worker is a 54 year old male who sustained an injury to his low back on 05/12/14 while assisting a coworker in the lifting of a 200 lb. street light pole, he experienced a popping sensation in his low back followed by severe pain in the back and legs, greater in the right leg. The injured worker presented to the clinic where x-rays and medication was prescribed. He was placed off work and continued to experience some discomfort in his low back, but more intense was the pain in the right leg which continued to worsen. He also developed numbness in the right leg, as well as numbness in his left 3 smallest toes. MRI of the lumbar spine was obtained and he was told that the scan revealed a ruptured disc with fluid leakage. He was given several injections which provided relief for about 3 or 4 hours. Physical examination noted right-sided limp, poor toe walking on the right, and poor heel elevation of the right leg; 4mm calf atrophy; 2+ tenderness and lumbar paraspinal muscle spasm of the right sciatic notch; range of motion forward flexion 40 degrees, extension and bilateral lateral bending 20 degrees; flexion reproduces right leg pain; DTRs equal and symmetric at the knees/ankles; decreased right ankle reflex; sensation decreased to light touch and pin prick in the L5-S1 dermatome on the right; motor strength 5/5 throughout the bilateral lower extremities; positive straight leg raise on the right at 45 degrees. The injured worker was diagnosed with extruded herniated nucleus pulposus at L4-5 with free fragment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME), airform back brace: Upheld

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

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

Decision rationale: The request for durable medical equipment (DME), airform back brace is not medically necessary. The previous request was denied on the basis that current guidelines only discuss prophylactic lumbar supports and the Official Disability Guidelines report that postoperative bracing is under study, but only for fusions. There was no information provided that would indicate a surgical intervention had been performed. There was no evidence of instability or previous fusion noted in the clinical records submitted. The Official Disability Guidelines state that current evidence based studies on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. These studies concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. Given this, the request for durable medical equipment (DME), airform back brace is not indicated as medically necessary.