MAXIMUS Federal Services

Case Number:	CM13-0028120		
Date Assigned:	11/22/2013	Date of Injury:	09/01/2008
Decision Date:	08/01/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 68 year old female who sustained an injury on 10/01/08 while assisting a nurse performing injured worker care. The injured worker developed complaints of low back pain. Prior treatment included physical therapy and chiropractic treatments with limited improvement. The injured worker was also followed for associated depression symptoms secondary to pain. The clinical record on 08/13/13 noted the injured worker had increasing amounts of neck and low back pain radiating to the lower extremities with associated numbness and weakness. The injured worker felt her low back pain was severe and impacted her ability to perform daily activities of daily living. Medications included Lidoderm patches, Tylenol 3 and over the counter medications for pain with some temporary relief from topical analgesics. On physical examination there was some loss of range of motion in the cervical spine on extension and rotation. There was mild to moderate tenderness to palpation in the lower lumbar spine more significant over the facets. Lumbar compression signs were positive bilaterally. Range of motion in the lumbar spine was also limited. There was mild weakness at the left biceps and triceps and on wrist flexion/extension. There was also profound weakness at the left interossei. Weakness was noted at the psoas and quadriceps to the left. Sensation was decreased in left C6-7 distribution and right L4-5 distribution. Straight leg raise findings were positive to the right. No reflex changes were noted. The injured worker was recommended for lumbar fusion at L3-4 and L4-5. The injured worker was recommended to continue with Dendracin topical analgesic cream. Follow up on 09/10/13 noted that the use of Lidoderm patches and Tylenol 3 was providing minimal benefit. Physical examination findings were unchanged at this visit. The injured worker was again recommended for lumbar fusion procedures at L3-4 and L4-5. The requested Dendracin lotion and lumbar brace was denied by utilization review on 08/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

One dendracin lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports Section.

Decision rationale: Per guidelines the use of a lumbar brace is not indicated in the treatment of continuing low back pain. Options for the use of a lower brace include treatment indications for the use of a lumbar brace include instability secondary to fractures or other direct trauma to the lumbar spine. In this case the injured worker has been followed for ongoing complaints of chronic low back pain. There was no evidence of any trauma to the lumbar spine or evidence of instability that would reasonably support the use of a lumbar brace. Given the limited evidence in the clinical literature establishing the efficacy of lumbar bracing to prevent or treat chronic low back pain this reviewer would not have recommended this request as medically necessary.

One lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports Section.

Decision rationale: Per guidelines the use of a lumbar brace is not indicated in the treatment of continuing low back pain. Options for the use of a lower brace include treatment indications for the use of a lumbar brace include instability secondary to fractures or other direct trauma to the lumbar spine. In this case the injured worker has been followed for ongoing complaints of chronic low back pain. There was no evidence of any trauma to the lumbar spine or evidence of instability that would reasonably support the use of a lumbar brace. Given the limited evidence in the clinical literature establishing the efficacy of lumbar bracing to prevent or treat chronic low back pain this reviewer would not have recommended this request as medically necessary.