

<b>Case Number:</b>	CM13-0068556		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	06/05/1997
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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:

This is a 52-year old female with a date of injury of 6/05/97. Mechanism of injury is not disclosed in submitted reports. The patient has back injury that is now Permanent and Stationary. She continues to receive future medical care for chronic pain from a Pain Management/PM&R specialist who is treating her for diagnoses of lumbar radiculitis, low back pain, s/p L5-S1 interbody fusion, and insomnia. The patient returned in follow-up on 11/04/13 with a flare-up of pain symptoms. She rates pain at 9/10. Exam shows a slight antalgic gait and tender points. ROM (range of motion) is reduced and painful. There is a slight reduction in pain on the right compared with the left. Sensation is reduced in the right leg. A lumbar decompression brace is ordered. The doctor orders Ultram, and incorrectly states that this is an NSAID used for inflammation and pain. The patient is also prescribed Tizanidine and Medrox. This was submitted to Utilization Review on 11/04/13. The UR doctor did recommend certification of the Ultram, but did not recommend refills. The lumbar decompression brace and gym membership were not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) lumbar spine decompression brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Section Low Back, Lumbar Supports - Traction; and the Low Back Disorders Chapter (ACOEM Practice Guidelines, Revised 2nd Edition (2011), Chapter 9), pg. 338

**Decision rationale:** This requested DME is a lumbar brace that provides "decompression" or traction. With regard to lumbar bracing, guidelines do support bracing following lumbar surgery or for patients with clear findings of intervertebral instability/spondylolisthesis, but do not support lumbar supports for the prevention or treatment of low back pain otherwise. With regard to the traction aspect, guidelines do not support traction/decompression devices. Medical necessity for a lumbar decompression brace is not established.

**One (1) prescription of Ultram 50 mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

**Decision rationale:** The MTUS Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. It does not appear that this employee is monitored via UDS and a pain contract is in place. In this case, the doctor incorrectly identifies Ultram as an NSAID rather than an opioid-like pain medication. I do think that the first step in a flare-up in pain would actually be NSAIDS, or other non-opioid pain relievers. Finally, the UR doctor did certify Ultram, he just did not recommend certification of the refills. There still is no clear medical necessity established for the refill of the Ultram.

**One (1) gym membership:** 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), Section Low Back, Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Gym memberships

**Decision rationale:** Gym memberships are not medical treatment or standard of care, and unsupervised exercise in patients with medical issues and no direct feedback to the healthcare provider can result in worsening the condition. Gym memberships are not recommended by the MTUS or ODG guidelines and are not required for an effective home exercise program. A gym membership is not medically necessary.