

Case Number:	CM14-0102100		
Date Assigned:	09/16/2014	Date of Injury:	12/15/1999
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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 Pain Management 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 49-year-old right-hand dominant male who sustained work-related injuries on December 15, 1999. Per most recent progress notes dated August 14, 2014, the injured worker has a history of low back and lower extremity pain. He was status post right transforaminal epidural steroid injection at L5-S1 on February 8, 2012 with greater than 50% pain relief. However, he still has lower back pain and right lower extremity radicular symptoms which tend to flare-up with significant physical activities and prolonged sitting. He rated his low back pain and leg pain as 3-4/10 which was mostly in his shoulder and feet. He underwent 8 or so physical therapy sessions. He is also status post bilateral transforaminal epidural steroid injection at L4-5 on April 10, 2013 and reported 70% improvement on his symptoms and that was ongoing. He also status post right shoulder surgery April 17, 2013 which has improved his pain but his low back pain and bilateral ankle pain was ongoing. Magnetic resonance imaging scan of the lumbar spine performed in March 8, 2013 showed transitional lumbar, S1, several tiny cysts. L4-5 moderate left foraminal narrowing due to minimal disc bulge/end-plate spurring and mild facet arthropathy. L5-S1 left-sided herniation of up to 5mm x 3mm with marked-left side naked facet sign and flattening of exiting left L5 nerve root. Moderate to marked right-sided naked facet sign. A small to moderate size broad-based central and right paracentral protrusion contributing to moderate to marked right lateral recess encroachment and possible mild flattening of the central right S1 nerve root. The worker had lumbar disc protrusion at L5-S1, right-sided with right neuroforaminal impingement. He is diagnosed with (a) low back pain, (b) foot pain, and (c) lumbar disc with radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-305.

Decision rationale: According to evidence-based guidelines, lumbar supports including lumbar spine brace has not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the injured worker's condition is noted to have occurred in 1999 which is already in the chronic phase which is beyond the acute phase as noted by evidence-based guidelines. Other evidence-based guidelines indicate that lumbar support is not recommended for prevention and is optional as a treatment. However, as a treatment evidence-based guidelines indicate that it may or may not be more effective than other interventions for the treatment of low back pain. Without concrete or definitive support from evidence-based guidelines, the requested lumbar back brace is not considered to be medically necessary.