

<b>Case Number:</b>	CM14-0081281		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/24/2000
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Occupational 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 patient is a 50 year old female who was injured on 01/24/2000. The mechanism of injury is unknown. She has been treated conservatively with 3 Synvisc injections. Diagnostic studies reviewed include MRI of the lumbar spine dated 11/04/2013 revealed broad midline and right paracentral disc extrusion resulting in a abutment and displacement of the descending right S1 nerve roots with mild to moderate central canal narrowing and mild scoliotic curvature. Progress report dated 05/06/2014 states the patient presented with left knee pain with guarding. Her pain increases with prolonged standing, kneeling or squatting. She has moderate muscles spasm of the lumbar spine. She rates her pain as a 4-6/10. She did report weakness and soreness. On exam, the lumbar spine revealed tenderness to palpation with spasm, decreased range of motion and decreased sensation at L5 on the right. She has a diagnosis of bilateral wrist tendinitis, deQuarvain's 1st CMC osteoarthritis; status post bilateral knee scope on 06/26/2013 and foot plantar fasciitis. There are no other indications as to why the patient would need bilateral wrist braces as the exams provided offer limited information. Prior utilization review dated 05/16/2014 states the requests for lumbar spine brace is denied and bilateral wrist brace are denied as guideline criteria.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, Tx; www.odg-twc.com; Section: Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 3/31/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

**Decision rationale:** According to MTUS guidelines, lumbar braces are not indicated beyond the acute phase of treatment. According to ODG guidelines lumbar supports are not indicated for prevention of back pain. They may be indicated for fracture, instability and spondylolisthesis. For treatment of nonspecific low back pain, they may be recommended as a conservative option, but there is very low-quality evidence in support of this application. In this case a request is made for a lumbar spine brace as the current brace is worn out. The patient has chronic low back pain. There is disc extrusion and right S1 nerve impingement on MRI on 11/4/13. However, there is no documented lumbar spine instability or fracture. Evidence is weak for the use of lumbar spine braces for chronic low back pain otherwise. Medical records do not establish clinically significant functional improvement from use of a lumbar spine brace. Medical necessity is not established or necessary.

**Bilateral wrist brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Forearm, Wrist & Hand (Acute & Chronic) (updated 2/18/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Splints.

**Decision rationale:** This is a request for bilateral wrist braces for a patient with bilateral wrist and thumb tenosynovitis and 1st CMC arthritis. A 5/6/14 note states the patient's current wrist braces are worn and broken. According to ODG guidelines, wrist splints have been shown to be highly effective for pain reduction in wrist arthritis. This request is medically necessary.