

Case Number:	CM14-0211208		
Date Assigned:	12/24/2014	Date of Injury:	06/10/2008
Decision Date:	02/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/17/2014

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 (IW) is a 40-year-old woman with a date of injury of August 10, 2008. The mechanism of injury was documented as a repetitive stress injury. The injured worker's working diagnoses are neck pain; sciatica; sprain/strain lumbar region; and SRI bilateral upper extremities. MRI of the lumbar spine dated September 22, 2014 showed moderate disc degeneration with a mild broad based protrusion eccentric towards the left neural foramen at L4-L5. There is a mild disc protrusion eccentric toward the left neural foramen at L3-L4. There was no evidence of fracture or dislocation, marrow replacing or intraspinal/paraspinal mass. Pursuant to a progress note dated December 4, 2014, the IW complains of a flare-up of the low back pain on November 19, 2014. She is currently in the process of physical therapy and acupuncture treatments. She just received a TENS unit for use. According to UR documentation, the IW went to the emergency on 2 occasions for pain medications that decreased the back pain, but caused stomach upset. The IW underwent an endoscopy 1 week ago for ongoing gastrointestinal problems. The results were positive for inflammation. The IW would therefore prefer to avoid oral medications. She is currently taking Norco, but is attempting to get authorization for Butrans patch. In addition to Norco, she takes Flexeril, Lorazepam, and uses Lidoderm 5% patches, and Voltaren cream. It has recently been denied. Physical examination reveals muscle spasms in the lumbar spine. There is muscle guarding in the lumbar spine. Lumbar extension is to 10 degrees and lumbar flexion is to 40 degrees. Straight leg raise test is positive bilaterally. The IW was released to work at full-duty. The current plan is for a lumbar brace to be used as needed for more severe back pain and ambulation for prolonged periods of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Sumamry

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Lumbar Supports

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, lumbar brace is not medically necessary. The ACOEM states "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures, specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low-quality evidence) but may be a conservative option. A progress note dated December 4, 2014 indicates the injured worker presented for follow-up of neck and back pain, sciatica and bilateral upper extremity pain secondary to repetitive stress injury. The injured worker's working diagnoses are neck pain; sciatica; sprain/strain lumbar region; RSI bilateral upper extremities. The injured worker is complaining of acute flare-up of her low back pain. One month prior she was placed on a Butrans patch to help with her pain of 5 g per hour. The treating physician is requesting a lumbar brace, to use as needed, for more severe pain when she has to walk or stand for longer periods. The submitted documents do not contain evidence of instability, compression fracture or recent surgical treatment that would indicate the injured worker meets the guidelines for lumbar support. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Consequently, the lumbar brace is not medically necessary.