

Case Number:	CM15-0019134		
Date Assigned:	02/09/2015	Date of Injury:	09/21/2011
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male sustained a work related injury on 09/21/2011. According to a progress report dated 11/18/2014, the injured worker complained of low back and right knee pain. Pain was associated with weakness, numbness in the left leg and grinding in the right knee. The pain radiated to the right hip, thigh and left toes. He did walking exercises at home and was currently off work. Physical examination of the lumbar spine revealed tenderness to palpation, guarding and spasms noted over the paravertebral region bilaterally. There were trigger points noticeable in the lumbar paraspinal muscles bilaterally. Seated straight leg raise was positive bilaterally. Manual muscle testing revealed 3/5 strength with flexion, extension and bilateral bend. Range of motion was restricted due to pain. Sensory examination revealed decreased sensation at the L4 and L5 in the left foot. Diagnoses included lumbar disc protrusion, lumbar degenerative disease, right knee internal derangement and status post right knee surgery. Plan of care included Ibuprofen, lumbar epidural steroid injection and lumbar spine brace. On 01/06/2015, Utilization Review non-certified lumbar spine brace. According to the Utilization Review physician, CA MTUS Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines, Chapter 12, pages 297-298 state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. The decision was appealed for an Independent Medical Review.

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): 297-298.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter Low Back Pain and Title 'Lumbar Supports'.

Decision rationale: The 56 year old patient presents with low back pain and left leg pain, as per progress report dated 12/16/14. The request is for LUMBAR SPINE BRACE. There is no RFA for this case, and the patient's date of injury is 09/21/11. As per progress report dated 11/18/14, the patient complains of low back pain and right knee pain rated at 7/10. Diagnoses included lumbar disc protrusion, lumbar degenerative disc disease, and right knee internal derangement. The patient is status post right knee surgery (date of the procedure is not mentioned) as the same progress report. The patient has been allowed to return to modified work, as per progress report dated 12/16/14. ODG Guidelines, chapter 'Low Back Pain' and Title 'Lumbar Supports,' state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." In this case, a request for lumbar spine brace is first noted in progress report dated 07/08/14. Many subsequent reports, including the most recent report dated 12/16/14, mention the request. However, the treater does not discuss the purpose. The patient suffers from low back pain that is not related to compression fractures, spondylolisthesis, or instability. This request IS NOT medically necessary.