

Case Number:	CM15-0142509		
Date Assigned:	08/03/2015	Date of Injury:	04/03/2013
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old male who sustained an industrial injury on 04-03-2013. Diagnoses include chronic lumbar strain with frequent spasm and intermittent right leg radiculitis; lumbar degenerative disc disease at L5-S1 with mild multilevel degenerative joint disease and bilateral hip osteoarthritis per x-rays. Treatment to date has included medications, epidural steroid injection, physical therapy, acupuncture and home exercise program. According to the progress notes dated 6-10-2015, the IW reported diffuse low back pain with periodic aching pain radiating to the right posterior thigh and hip, unchanged from his previous visit. Chiropractic therapy was approved, but not yet scheduled. On examination, range of motion of the lumbar spine was 70 degrees flexion and 15 degrees extension; otherwise, ROM was full, and no tenderness was noted with facet loading. The lumbar paravertebral muscles and posterior superior ischial spines (right greater than left) were tender and there was trace discomfort in the right sacroiliac joint. FABER's reproduced pain in the low back and discomfort in the right buttock. Straight leg raise, seated, was mildly positive on the right at 70 degrees. The right hip was non-tender with good ROM and negative impingement sign. The IW's distal neurovascular exam was intact. A request was made for an LSO back brace for stabilization and support and to diminish the frequency of flare-ups with increased activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant sustained a work-related injury in April 2013 and is being treated for chronic low back pain with intermittent right lower extremity radiating symptoms. When seen, he was having flare-ups of pain with activity. There was decreased lumbar range of motion with tenderness. Facet loading was negative. There was positive Fabere testing and right sacroiliac joint tenderness. There was positive right straight leg raising. The claimant has not had spinal surgery. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition, which would be a likely outcome in this case. A home based core muscle strengthening program would be a good alternative. The requested lumbar support is not appropriate or medically necessary.