

Case Number:	CM15-0144909		
Date Assigned:	07/30/2015	Date of Injury:	05/29/2013
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 was a 47 year old female, who sustained an industrial injury, May 29, 2013. The injured worker previously received the following treatments lumbar spine MRI, nerve block, lumbar spine x-rays, Hydrocodone, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilaterally lower extremities, continue TENS (transcutaneous electrical nerve stimulator) unit according to the progress note of December 29, 2014, Naproxen, Pantoprazole and Cyclobenzaprine. The injured worker was diagnosed with lumbar myoligamentous sprain and strain with left lumbar radiculopathy, rule out shoulder arthropathy, gastritis secondary to non-steroidal anti-inflammatory medication, insomnia, L5-S1 degenerative disc disease with facet osteoarthropathy, left lumbar radiculopathy at L5-S1, degenerative changes labrum of the right shoulder, right shoulder MRI and partial tear supraspinatus of the right shoulder. The patient has had lumbar spine MRI that revealed L5-S1 degenerative disc disease with facet osteoarthropathy. The patient has had EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilaterally lower extremities that revealed left lumbar radiculopathy at L5-S1. According to progress note of January 15, 2015, the injured worker's chief complaint was right shoulder pain, low back pain and constipation. The injured worker rated the pain in the right shoulder and lower back at 7 out of 10. The physical exam noted tenderness in the right shoulder. The range of motion remains limited. There was atrophy of the right deltoid musculature. There was tenderness of the lumbar spine. The range of motion of the lumbar spine was flexion of 60 degrees, extension of 40 degrees, left and right lateral tilt were 40 degrees and right rotation of 40 degrees. The straight leg raises were positive on the left. The injured worker was instructed to continue TENS (transcutaneous electrical nerve stimulator)

unit and LSO (lumbar spine orthopedic) brace. The treatment plan included one LSO (lumbar spine orthopedic) brace and TENS (transcutaneous electrical nerve stimulator) unit. The medication list include Naproxen, Pantoprazole, Hydrocodone and Cyclobenzaprine. The patient had received an unspecified number of the PT and chiropractic visits for this injury. Per the note dated 7/9/15 the patient had complaints of low back pain with radiation in lower extremity. Physical examination of the of the lumbar spine revealed tenderness on palpation, limited range of motion, positive SLR, 4/5 strength and decreased sensation in lower extremity. Any surgical or procedure note related to this injury was not specified in the records provided. The patient has had MRI of the lumbar spine that revealed disc protrusions, and degenerative changes. The patient had used a TENS unit and LSO brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) Lumbar supports.

Decision rationale: Request LSO Brace. Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." "Treatment: 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; see Back brace, post operative (fusion)." The patient had used a TENS unit and LSO brace in the past for this injury. The pt had documented lumbar radiculopathy per objective findings on the EMG/NCS. The pts lumbar MRI was correlating with this diagnosis. He also had a positive SLR and 4/5 strength and decreased sensation in the lower extremity. Per the cited guidelines, a back brace is a reasonable option for nonspecific back pain. The LSO Brace is medically appropriate and necessary in this patient at this time.