

Case Number:	CM15-0162272		
Date Assigned:	08/28/2015	Date of Injury:	02/09/2003
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This is a 62-year-old male who sustained an industrial injury on 02-09-2003. Diagnoses include pain in joint-lower leg; unspecified thoracic or lumbar neuritis or radiculitis; post-laminectomy syndrome-lumbar region; and osteoarthritis, generalized, unspecified site. Treatment to date has included medications and activity modification. According to the progress report dated 6-18-2015, the IW (injured worker) reported constant, non-radiating low back pain, hip pain and knee pain rated 7 out of 10 on average. The pain was rated 5 out of 10 at best and 10 out of 10 at worst. He reported OxyContin and Oxycodone helped the pain. On examination, range of motion of the lumbo-thoracic spine was decreased in all planes. The lumbar paraspinal muscles were tender to palpation and spasms were present. The left leg was painful with internal and external rotation, as well as with flexion and extension. There was tenderness to palpation over the left greater trochanter and the left knee. A lumbar-sacral orthosis (LSO) was dispensed for back pain; the IW had kinesophobia. The brace was intended to stabilize the spine and allow him to be more active. A request was made for one back brace (not specified if purchase or rental) related to lumbar spine injury, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 back brace (not specified if purchase or rental) related to lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

Decision rationale: The claimant has a remote history of a work-related injury in February 2003 and is being treated for chronic low back pain and hip and knee pain. When seen, there was a BMI of over 36. There was thoracic and lumbar tenderness with muscle spasms and decreased range of motion. There was left hip pain and pain over the greater trochanteric bursa. A back brace was requested. The claimant has kinesiophobia. The stated purposes of the brace were to help with deconditioning and provide stabilization. He was to remain active. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. 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 a recent fusion. 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. It May cause weakening of the spinal muscles and a potential worsening of the spinal condition rather than have the intended effect. A lumbar support was not medically necessary.