

Case Number:	CM15-0163933		
Date Assigned:	09/01/2015	Date of Injury:	04/02/2014
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/20/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 is a 49 year old female who sustained an industrial injury on 04-02-2014. There was no mechanism of injury documented. The injured worker was diagnosed with lumbosacral neuritis or radiculitis and abnormal gait. The injured worker has a medical history of diabetes mellitus. The injured worker is status post bilateral L3, L4, L5 and S1 lumbar laminectomy and resection of epidural lipomatosis on June 4, 2015. Treatment to date has included diagnostic testing, surgery, physical therapy, ambulatory devices and medications. According to the primary treating physician's progress report on July 13, 2015, the injured worker presented in a manual wheelchair five weeks post-operatively and continues to experience low back pain with lower extremity weakness and pain rated as 8 out of 10 on the pain scale. The injured worker was diagnosed with a urinary tract infection (UTI) on July 12, 2015 and placed on antibiotics. Examination demonstrated tenderness to palpation along the lumbar paraspinal muscles and scar region. Trigger points were palpated in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally. There was a 1 centimeter raised eschar in the mid surgical scar noted. Range of motion was limited due to pain. Manual motor strength was documented at the left hip flexion as 3 plus out of 5 and right ankle plantar flexion at 4 minus out of 5. There was documented paresthesias and decreased sensation to light touch of the medial and lateral legs bilaterally. Patellar reflexes were noted as 2++ and Achilles deep tendon reflexes at 1++ bilaterally. The injured worker had a wide based, unsteady antalgic gait primarily on the right. Current medications were listed as Norco 10mg-325mg, Lyrica and Cipro.

Treatment plan consists of increasing Lyrica, continuing with physical therapy and the current request for a Spinal Q brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: ACOEM states; "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". ODG states; There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (Van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. Further, as regards treatment use; "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)". The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for a Spinal Q brace is not medically necessary.