

Case Number:	CM15-0166544		
Date Assigned:	09/04/2015	Date of Injury:	02/04/2010
Decision Date:	10/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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 is a 72 year old female with an industrial injury dated 02-04-2010. Her diagnoses included lumbar spine sprain and strain and left shoulder impingement. Prior treatment included medications and home exercise program. She presents on 07-02-2015 with complaints of right lower extremity numbness and tingling. She also noted low back pain. There was tenderness to palpation of the left shoulder area with positive impingement sign, limited range of motion. Exam of the lumbar area noted positive straight leg raise right greater than left. The patient has had hypoesthesia in right lower extremity, positive Kemp test. The treatment request is for LSO brace and Robaxin 750 mg one by mouth four times a day as needed #120. The patient has had MRI of the lumbar spine on 3/25/12 that revealed disc protrusions, and central canal stenosis; ultrasound of left shoulder that revealed rotator cuff tear on 9/22/10. The medication list includes Robaxin, Tylenol#3 and Ultram. The patient had received an unspecified number of PT and acupuncture visits 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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Lumbar supports.

Decision rationale: Per the ACOEM guidelines cited below "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." 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)." Patient has received an unspecified number of PT visits for this injury. Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. A surgery or procedure note related to this injury was not specified in the records provided. An LSO brace is not medically necessary.

Robaxin 750mg one by mouth four times a day as needed #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Robaxin contains methocarbamol, which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." Her diagnoses included lumbar spine sprain and strain and left shoulder impingement. She presents on 07-02-2015 with complaints of right lower extremity numbness and tingling. She also noted low back pain. There was tenderness to palpation of the left shoulder area with positive impingement sign, limited range of motion. Exam of the lumbar area noted positive straight leg raise right greater than left. The patient has had hypoesthesia in the right lower extremity, positive Kemp test. The patient has had MRI of the lumbar spine on 3/25/12 that revealed disc protrusions, and central canal stenosis; ultrasound of left shoulder that revealed rotator cuff tear on 9/22/10. The patient has a history of chronic conditions with significant abnormal objective findings. These conditions are prone to intermittent exacerbations. The request for Robaxin 750mg one by mouth four times a day as needed #120 is medically necessary and appropriate for this patient.