

Case Number:	CM15-0180476		
Date Assigned:	09/22/2015	Date of Injury:	06/02/2014
Decision Date:	10/26/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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 is a 22-year-old female, who sustained an industrial injury on June 2, 2014, resulting in pain or injury to the low back. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, lumbosacral neuritis, and lumbar region sprain. On August 26, 2015, the injured worker reported her pain as worse, with constant lumbar spine pain, right hip and leg pain rated 8 out of 10 average pains and 10 out of 10 maximum pains. The Primary Treating Physician's report dated August 26, 2015, noted the lumbar spine with tenderness to palpation. The injured worker's activities of daily living (ADLs) were noted to be the same for physical functioning, family relationships, and social relationships, with mood, sleep pattern, and overall functioning worse. Prior treatments have included physical therapy and medication. The injured worker was noted to be off work until October 10, 2015, with requests for authorization for a pain management consult, follow-up visit, and a lumbar brace. On July 22, 2015, the injured worker rated her pain as 9 out of 10 on average and 10 out of 10 at its worse. The physical examination was noted to show positive right straight leg raise, lumbar spine tenderness to palpation, and weakness to the right ankle. The request for authorization dated August 26, 2015, requested a lumbar brace. The Utilization Review (UR) dated September 1, 2015, non-certified the request for a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for low back and right hip and leg pain. When seen, she was having worsening symptoms. Pain was constant and rated at 8-10/10. She was having right lower extremity radiating symptoms. Physical examination findings included lumbar tenderness with muscle spasms and decreased range of motion due to pain. She was referred for a pain management consultation and authorization for a lumbar brace was requested. 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 with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar brace is not considered medically necessary.