

Case Number:	CM15-0181701		
Date Assigned:	10/13/2015	Date of Injury:	07/13/1997
Decision Date:	11/25/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male, who sustained an industrial injury on 7-13-1997. The medical records indicate that the injured worker is undergoing treatment for diffuse cervicobrachial syndrome, lumbago, status post total right hip replacement (2012), other specified disorders of the bursae and tendons in the shoulder region, and disturbance of skin sensation. According to the progress report dated 8-4-2015, the injured worker presented with complaints of chronic hip, knee, and low back pain. The records indicate that walking 150 yards produces significant pain. The level of pain is not rated. The physical examination reveals degeneration of hip leading to external rotation and pain. There is tenderness and tension of the paraspinal muscles bilaterally. The current medications are not specified. Previous diagnostic studies were not indicated. Treatments to date include surgical intervention. Work status is not described. The original utilization review (8-26-2015) had non-certified a request for decompression belt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression Belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Powered traction devices.

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 - Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports.

Decision rationale: Based on the 8/4/15 progress report provided by the treating physician, this patient presents with bilateral low back pain, hip pain, and knee pain. The treater has asked for DECOMPRESSION BELT on 8/4/15. The patient's diagnoses per request for authorization dated 8/19/15 are total hip replacement, nonallopathic lesion, pain in thoracic spine. The patient has significant pain after walking for 150 yards per 8/4/15 report. The patient has a history of right hip replacement, left ankle fracture surgery, and rotator cuff repair per 8/4/15 report. The patient has degeneration of the hip leading to external rotation and 3+ pain per 8/4/15 report. The patient's work status is not included in the provided documentation. ACOEM Guidelines page 301 on lumbar bracing states, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG-TWC, Low Back - Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports Section states, 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). For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." The included reports were handwritten and largely illegible. Per 8/4/15 report, the treater states: low back decompression needed. Decompression belt and mobile scooter indicated. In this case, the patient has a history of right hip replacement and suffers from low back pain that is not related to compression fractures, spondylolisthesis, or instability. The use of lumbar supports such as back braces has not been proven for the management of post-operative pain, and ODG does not support the use of back braces merely for preventive purposes. Therefore, this request IS NOT medically necessary.