

Case Number:	CM15-0181788		
Date Assigned:	09/23/2015	Date of Injury:	12/29/2004
Decision Date:	10/27/2015	UR Denial Date:	08/17/2015
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: 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 64 year old female who sustained an industrial injury on 12-29-04. The injured worker reported low back pain with lower extremity radicular symptoms. A review of the medical records indicates that the injured worker is undergoing treatments for chronic myofascial low back pain. Medical records dated 7-17-15 indicate pain rated at 7 out of 10. Provider documentation dated 7-17-15 noted the work status as permanent and stationary. Treatment has included Tramadol since at least December of 2014, Cyclobenzaprine since at least December of 2014, non-steroidal anti-inflammatory drugs since at least December of 2014, and a Lumbar-Sacral Orthosis. Objective findings dated 7-17-15 were notable for lumbar spine tenderness with decreased range of motion and spasm to the lumboparaspinal musculature. The original utilization review (8-12-15) denied a request for Lumbar-Sacral Orthosis back brace with set up date of service 12-17-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace with set up DOS 12/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines.

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 has a history of a cumulative trauma work injury with date of injury in December 2004 and has a history of an L5/S1 fusion. Recent treatments include physical therapy with completion of 12 sessions as of 04/16/15 where there were improvements in range of motion and strength and symptom intensity was slowly decreasing. When seen in December 2014 when this request was made, she had complaints of de-conditioning as a result of disuse. She was requesting physical therapy and had complaints of instability and was requesting a lumbar support. Physical examination findings included decreased lumbar spine range of motion with tenderness and muscle spasms. There was positive straight leg raising. There was a diagnosis of chronic myofascial low back pain. She was referred for physical therapy and a lumbar support was provided. 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 most appropriate treatment was physical therapy and a referral was provided. The requested lumbar support was not medically necessary.