

Case Number:	CM15-0184409		
Date Assigned:	09/24/2015	Date of Injury:	09/14/2010
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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 57 year old male with an industrial injury date of 09-14-2010. Medical record review indicates he is being treated for discogenic cervical condition, multilevel in nature, facet inflammation, headaches to the left of the midline and shoulder girdle involvement and discogenic lumbar condition with radiculitis. Subjective complaints (08-20-2015) included neck pain, low back pain and "some" pain along the shoulder blade on the left side with some spasm and tightness. "He is doing chiropractic through private pay." Other complaints included "intermittent" pain in the legs as well as in the hands. Work status (08-20-2015) is documented as: "The patient is not currently working." Prior treatment notes (06-15-2015) the treating physician noted the injured worker was going to physical therapy. "He reports no significant changes." In the treatment note (07-20-2015) the treating physician documented the injured worker was going to chiropractic "although he is just getting massage as chiropractic adjustments were too aggressive." Physical exam (07-20-2015) revealed tenderness across the cervical, thoracic and lumbar paraspinal muscles. "Otherwise, full range of motion and full strength to resisted function as well as intact neurological function." A numeric pain rating is not indicated in the records. His medications included Ultracet, Protonix and Naproxen. Prior treatments include physical therapy and chiropractic treatments (unknown number of visits). He was also treated with medications. Physical exam (08-20-2015) revealed tenderness along the cervical, thoracic and lumbar paraspinal muscles and "also quite a bit" along the shoulder blade or shoulder girdle on the left side with multiple trigger points. The treatment plan included x-rays, MRI of the lumbar and cervical spine, low back brace (to wear as needed when he has flare ups) and medications (Ultracet, Protonix and Naproxen.) The request for authorization (08-20-2015) is for lumbar back support with insert. On 09-02-2015 the request for lumbar back support with insert was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back support with insert: Upheld

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

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: The patient presents with neck and low back pain. He has intermittent pain in the legs as well as in the hands. The request is for lumbar back support with insert. The request for authorization is dated 08/20/15. Physical examination reveals tenderness along the cervical, thoracic, and lumbar paraspinal muscles and also quite a bit along the shoulder blade or shoulder girdle on the left side with multiple trigger points. He will continue with chiropractic under his private pay. Patient's medications include Ultracet, Protonix, and Naproxen. Per progress report dated 08/20/15, the patient is not working. 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 Guidelines, 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." Per progress report dated 08/20/15, treater's reason for the request is to "to wear as needed when he has flare ups." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.