

Case Number:	CM15-0184689		
Date Assigned:	09/25/2015	Date of Injury:	06/11/1998
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 54-year-old male who sustained an industrial injury on June 11, 1998. Diagnoses have included L4-5 and L5-S1 degenerative disc disease; lumbar spine left inguinal hernia; lumbar spine recurrent injury left-sided L5-S1 disc extrusion; and, lumbar sprain or strain. Documented treatment includes a left inguinal herniorrhaphy on 12-13-1999; discectomy of extruded disc on the left at L4-5 on 10-15-2008; and, L5-S1 discectomy dated 5-6-1999. Information related to post surgery treatment is not provided in these current medical records, but there is a notation that he has been wearing a lumbar brace, and has been taking medication including Flexeril, Norco and Relafen for at least the previous 6 months. It was also noted 2-18-2015 that he was using Vicodin, Buspirone and Citalopram at that time. The injured worker continues to report constant low back pain, reduced range of motion, tenderness with palpation of left L5-S1, pain with flexion and extension, and decreased sensation to the left L4 and L5 dermatome. The treating physician's plan of care includes a request for authorization submitted 8-14-2015 for Flexeril and Norco, which was denied on 8-24-2015. He is noted as permanently disabled.

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: 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 and Thoracic), Lumbar Support.

Decision rationale: ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (Van Duijvenbode, 2008)" ODG states for use as a "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)." The patient is well beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such, the request for Lumbar brace is not medically necessary.