

Case Number:	CM15-0185296		
Date Assigned:	09/25/2015	Date of Injury:	10/22/2012
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
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: California
 Certification(s)/Specialty: Emergency 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:

This male sustained an industrial injury on 10-22-12. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain, lumbar degenerative disc disease, lumbar radiculitis and depression. Previous treatment included physical therapy, chiropractic therapy, epidural steroid injections and medications. In an orthopedic agreed medial examination dated 4-27-15, the injured worker complained of low back pain rated 8 out of 10 on the visual analog scale. The injured worker stated that he had begun to lose grip in both his hands and had dropped objects lately. The physician stated that the injured worker had been receiving treatment for almost three years. While the injured worker did have episodes of back pain, not much had changed. The injured worker was declared permanent and stationary. In a PR-2 dated 7-7-15, the injured worker complained of continuing low back pain, rated 10 out of 10 without medications and 7 out of 10 with medications. The injured worker reported that he got his lumbar epidural steroid injection without much improvement. Physical exam was remarkable for lumbar spine with tenderness to palpation over the midline and bilateral facets with spasms, "severely" restricted range of motion, pain upon rotation, positive straight leg raise bilaterally and positive LaSegue's test. The treatment plan included continuing medications (Percocet, Flexeril, Amitiza and Neurontin). On 8-13-15, request for authorization was submitted for the purchase of a back brace. On 9-14-15, Utilization Review noncertified a request for DME purchase of a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of back 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 & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested DME purchase of back brace is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has continuing low back pain, rated 10 out of 10 without medications and 7 out of 10 with medications. The injured worker reported that he got his lumbar epidural steroid injection without much improvement. Physical exam was remarkable for lumbar spine with tenderness to palpation over the midline and bilateral facets with spasms, "severely" restricted range of motion, pain upon rotation, positive straight leg raise bilaterally and positive LaSegue's test. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, DME purchase of back brace is not medically necessary.