

Case Number:	CM15-0187463		
Date Assigned:	09/29/2015	Date of Injury:	03/20/2014
Decision Date:	11/06/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/23/2015

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:

The injured worker is a 34 year old female, who sustained an industrial injury on 3-20-2014. The injured worker was being treated for lumbar sprain and strain, protrusion of L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) with radiculopathy, and trigger points of the lumbosacral musculature. Medical records (6-8-2015 to 8-17-2015) indicate ongoing low back pain with left lower extremity symptoms, rated 7 out of 10. She reported multiple tender trigger points of the lumbosacral musculature. The medical records (6-8-2015 to 8-17-2015) show the subjective pain rating shows no improvement from 7 out of 10. The physical exam (6-8-2015 to 8-17-2015) revealed lumbar spine tenderness, spasm of the paraspinal musculature, multiple tender trigger points of the lumbosacral musculature, and lumbar range of motion: flexion, 40 degrees, extension 35 degrees, left and right lateral tilt 35 degrees, and left and right rotation 30 degrees. There was a positive left straight leg raise foot pain to foot at 35 degrees, decreased sensation in the left L4 and L5 dermatomal distributions, and 4+ out of 5 left extensor hallucis longus and left eversion. On 4-29-2014, an MRI of the lumbar spine with and without loadbearing revealed a desiccated intervertebral disc and reduced height at L5-S1. At L4-5, there was a diffuse concentric posterior annular disc bulge deforming the ventral thecal sac and contributing to mild neuroforaminal narrowing with effacement of the perineural fat exiting the nerve roots. The pre-loadbearing disc measurement was 2.0 millimeter and the post- loadbearing was 2.0 millimeter. At L5-S1, there was a broad-based central disc protrusion indenting the ventral epidural fat, contributing to moderate narrowing of the lateral recesses, right greater than left, with encroachment of the left descending nerve root. There was a high signal intensity zone at the

posterior annular fibers of the disc. The pre- loadbearing disc measurement was 4.1 millimeter and post- loadbearing was 3.0 millimeter. Treatment has included despite physical therapy, transcutaneous electrical nerve stimulation (TENS), activity modifications, home exercise, trigger point injections, ice, and medications including pain, muscle relaxant, sleep, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (8-17-2015 report), the injured worker is temporarily totally disabled. On 9-14-2015, the requested treatments included a lumbar-sacral orthosis (LSO) brace for the lumbar. On 9-18-2015, the original utilization review non-certified a request for a lumbar-sacral orthosis (LSO) brace for the lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace for the lumbar: 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 LSO brace for the lumbar 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 lumbar spine tenderness, spasm of the paraspinal musculature, multiple tender trigger points of the lumbosacral musculature, and lumbar range of motion: flexion, 40 degrees, extension 35 degrees, left and right lateral tilt 35 degrees, and left and right rotation 30 degrees. There was a positive left straight leg raise foot pain to foot at 35 degrees, decreased sensation in the left L4 and L5 dermatomal distributions, and 4+ out of 5 left extensor hallucis longus and left eversion. On 4-29-2014, an MRI of the lumbar spine with and without load bearing revealed a desiccated intervertebral disc and reduced height at L5-S1. At L4-5, there was a diffuse concentric posterior annular disc bulge deforming the ventral thecal sac and contributing to mild neuroforaminal narrowing with effacement of the perineural fat exiting the nerve roots. The pre- loadbearing disc measurement was 2.0 millimeter and the post- loadbearing was 2.0 millimeter. At L5-S1, there was a broad-based central disc protrusion indenting the ventral epidural fat, contributing to moderate narrowing of the lateral recesses, right greater than left, with encroachment of the left descending nerve root. There was a high signal intensity zone at the posterior annular fibers of the disc. 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, LSO brace for the lumbar is not medically necessary.