

Case Number:	CM15-0189571		
Date Assigned:	10/01/2015	Date of Injury:	07/14/2000
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 67 year old female patient, who sustained an industrial-work injury on 7-14-00. The diagnoses include lumbar disc injury, lumbar spondylosis, lumbar radiculopathy, failed lumbar fusion 2-27-03, failed back syndrome and myofascial pain syndrome. Per the doctor's note dated 9/15/2015, she had complaints of pain and discomfort involving the lower back and legs. The physical examination revealed slight antalgic gait, tenderness and pain with lumbar range of motion and positive straight leg raising test. The patient had an unstable spine and unstable lumbar spine fusion. She had history of smoking. The medications list includes norco, flexeril and prescribed neurontin on this visits. Per the medical records dated from 3-3-15 to 8-18-15, she had complains of pain and discomfort in the low back radiating into the back and legs with spasm. The physical exam dated from 3-3-15 to 8-18-15 revealed slightly antalgic gait, and no assistive device used for balance or ambulation; the lumbar spine- tenderness to palpation, pain with range of motion in all directions, and straight leg raise positive. Per the note dated 8/12/15, she had lumbar spine X-rays which revealed high grade L5-S1 anterolisthesis and likely L3-4 anterolisthesis. She has undergone two lumbar surgeries including lumbar fusion on 2-27-03. Treatment to date has included pain medication including Norco and Flexeril, home exercise program (HEP), and other modalities. The work status is not noted. The requested service included Back brace for the (lumbar spine). The original Utilization review dated 8-28-15 non-certified the request for Back brace (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace (lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Back brace (lumbar spine). Per the ACOEM guidelines, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In addition, per the ODG lumbar support/brace is "Recommended as an option for treatment. 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)..." Per the records provided the patient had complains of pain and discomfort in the low back radiating into the back and legs with spasm. She has undergone two lumbar surgeries including lumbar fusion on 2-27-03. The patient had unstable spine and unstable lumbar spine fusion. The physical exam revealed slightly antalgic gait, and no assistive device used for balance or ambulation; the lumbar spine- tenderness to palpation, pain with range of motion in all directions, and straight leg raise positive. Per the note dated 8/12/15, she had lumbar spine X-rays which revealed high grade L5- S1 anterolisthesis and likely L3-4 anterolisthesis. So the patient had evidence of instability and spondylolisthesis, which are indications for the use of a lumbar brace. In addition, the patient has a chronic back condition that is prone to intermittent acute exacerbations, during which the use of a back brace would be medically indicated. The request of Back brace (lumbar spine) is medically appropriate and necessary for this patient.