

Case Number:	CM15-0190852		
Date Assigned:	10/05/2015	Date of Injury:	08/25/2003
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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 61 year old female, who sustained an industrial injury on 8-25-2003. Medical records indicate the worker is undergoing treatment for low back pain status post multiple lumbar spinal procedures. A recent progress report dated 6-24-2015, reported the injured worker complained of low back pain rated 8 out of 10 and radiates down the right leg. Physical examination revealed lumbar tenderness, spasm, sacroiliac joint tenderness, lumbosacral range of motion is flexion 45 degrees, extension 15 degrees and lateral left and right bend is 20 degrees. Treatment to date has included physical therapy, Norco and Soma. On 7-17-2015, the Request for Authorization requested a back brace. On 9-17-2015, the Utilization Review noncertified the request for a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation - Low Back Procedure Summary Online Version last updated 07/17/2015.

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 current request is for a BACK BRACE. The RFA is dated 07/17/15. Treatment to date has included lumbar fusion at L3-4 on 2010, hardware removal 2008, Decompression and spinal fusion L4-5, L5-S1 2008, lumbar injections, brace, physical therapy, Norco and Soma. 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 report 06/24/15, the patient present with low back pain that radiates down the right leg. Physical examination revealed lumbar tenderness, spasm, sacroiliac joint tenderness, lumbosacral range of motion is flexion 45 degrees, extension 15 degrees and lateral left and right bend is 20 degrees. The RFA from 07/17/15 requests a back brace, but the progress reports provide no discussion regarding this request. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain, there is very low grade evidence for this treatment modality. This patient presents with chronic lower back pain with history of surgical interventions, but there is no indication that this patient has any lumbar instability, spondylosis, fractures, or other acute injury which would warrant lumbar bracing. Therefore, the request IS NOT medically necessary.