

Case Number:	CM15-0194467		
Date Assigned:	10/08/2015	Date of Injury:	09/25/2012
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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 36 year old female who sustained an industrial injury September 25, 2012. Past history included a bilateral lumbar fusion January 2014 and removal of cage and screw due to compression on the right side January 2015, and depression. According to a treating physician's office notes dated July 27, 2015, the injured worker presented for follow-up of leg length inequality, lumbar and cervical spondylosis, myofascial pain, and cervical spondylosis with radiculopathy. Current medication included Baclofen, Diazepam, and Percocet. The physician documented the injured worker received a 1cm lift for her heels but they do not provide adequate balance. She complains of throbbing aching low back pain, rated 5-6 out of 10, with tingling, weakness, imbalance or falling, and difficulty with gait or walking but no bladder or bowel symptoms. She reported a 70% relief of pain from Percocet. Objective findings included: tenderness and trigger points at the left rhomboid muscles of both the superior and inferior; tenderness of the lumbar spinal region; ambulates with a more normal gait pattern with a cane. She was given a trial of a lumbar decompression brace and her posture improved significantly as well as the pressure in the lower back and neck. There is a ¼ inch length discrepancy. Diagnoses are cervical spondylosis; myofascial pain; cervical spondylosis with radiculopathy; lumbar spondylosis and leg length inequality. Treatment plan included medication counseling, continue current medication, continue with current ambulation and weight reduction program. At issue, is a request for authorization for a DDS 500 lumbar decompression brace. A urine drug screen report dated April 7, 2015, is present in the medical record. According to utilization review dated September 4, 2015, the request for DDS 500 Lumbar Decompression Brace is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DDS 500 lumbar decompression brace: Upheld

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

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 and Other Medical Treatment Guidelines www.discdiseasesolutions.com.

Decision rationale: The current request is for a DDS 500 lumbar decompression brace. Treatment history includes bilateral lumbar fusion January 2014 and removal of cage and screw due to compression on the right side January 2015, physical therapy, injections and medications. The patient is not working. According to <http://www.discdiseasesolutions.com>: The DDS 500 back brace is the first patented Spinal-Air Decompression Brace LSO with Anterior and Posterior Rigid Panels. Spinal decompression is created as the DDS 500 inflates with air. The ACOEM Guidelines page 300 on lumbar traction states, "traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." 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 July 27, 2015, the patient presents for a follow up regarding her lumbar and cervical spondylosis, myofascial pain, and cervical spondylosis with radiculopathy. She complains of throbbing aching low back pain, with tingling, weakness, imbalance, and difficulty walking. The patient reported that she had tried a lumbar decompression brace and her posture, as well as the pressure in the lower back and neck improved significantly. The treater made a request for a DDS 500 Lumbar Decompression Brace. While ODG guidelines indicate that lumbar bracing is a conservative option for nonspecific low back pain, there is very low-grade evidence for this treatment modality. In addition, this is a specialized decompression brace, and MTUS/ACOEM guidelines state lumbar traction is not recommended, as it has not been proved effective for lasting relief in treating low back pain. Therefore, the request is not medically necessary.

