

Case Number:	CM15-0195328		
Date Assigned:	10/09/2015	Date of Injury:	12/09/2010
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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 51 year old female, who sustained an industrial injury on 12-9-2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar strain, lumbar disc herniation, multilevel disc disease at L4-L5 and L5-S1 with mild to moderate right foraminal stenosis per MRI dated 11-22-2014, and lower extremity radicular pain. On 8-20-2015, the injured worker reported lumbar spine pain rated 7 out of 10 and unchanged from previous visit, with radiation into the left leg, made better with rest. The Primary Treating Physician's report dated 8-20-2015, noted the injured worker was currently working in the same occupation with modified working restrictions. The physical examination was noted to show the lumbar spine with tenderness over the midline, tenderness and hypertonicity in the paraspinal musculature, asymmetric loss of range of motion (ROM), limited range of motion (ROM) due to pain, and a slow gait. Prior treatments have included at least 10 sessions of physical therapy, one epidural steroid injection (ESI) to the lower back, cortisone injection to the right hip and buttock, at least 4 sessions of acupuncture, at least 5 sessions of chiropractic treatments, occupational therapy, and medications including Bentyl, Vicodin, Ketorolac injection, Maxalt MLT, and Naproxen. The treatment plan was noted to include a request for a lumbar corset as recommended by the 5-15-2015 Qualified Medical Evaluation, and Tylenol #3 as that was noted to have helped previously. The request for authorization dated 9-8- 2015, requested a lumbar spine corset, back brace. The Utilization Review (UR) dated 9-16-2015, non-certified the request for a lumbar spine corset, back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine corset, back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute (20th annual edition) 2015, Low Back Chapter.

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 Chapter, under lumbar supports.

Decision rationale: The patient presents with lumbar spine pain with radiation into the left leg rated 7/10. The request is for lumbar spine corset, back brace. The request for authorization is dated 09/08/15. MRI of the lumbar spine, 11/22/14, shows lumbar disc herniation, multilevel disc disease at L4 over L5 and L5 over S1 with mild to moderate right foraminal stenosis. Patient's diagnoses include chronic lumbar strain; lower extremity radicular pain. Physical examination of the lumbar spine revealed tenderness over the midline. There was tenderness and hypertonicity in the paraspinal musculature. There was asymmetric loss of range of motion. Limited range of motion because of pain. Neurologically, both lower extremities were normal except for grade 4/5 strength in both toe extensors. The patient did get relief from the first lumbar epidural injection, and the second lumbar epidural request was denied. Patient's medication includes Tylenol No. 3. Per progress report dated 08/20/15, the patient is returned to modified work. 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 Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, 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 progress report dated 08/20/15, treater's reason for the request is "as recommended by the QME on May 15, 2015." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. In this case, no evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.