

<b>Case Number:</b>	CM15-0197863		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old female who sustained an industrial injury on 8-28-14. The medical records indicate that the injured worker was diagnosed with a pre-diabetic state (no treatment and no glycosylated hemoglobin); low back pain; lumbar radiculopathy; mild posterior disc protrusion at L2-3 with mild anterolisthesis of L3 on L4 and L4 on L5; lumbosacral sprain-strain; lumbago; radiculopathy of bilateral lower extremities. She currently (9-9-15) complains of right lumbar spine pain with radiation down the right lower extremity when she ambulates without her single-point cane. Her pain level is 2 out of 10 which is improved from 7-22-15 visit with a 4 out of 10 pain level. On physical exam she ambulates with an antalgic gait; she has decreased sensitivity to the sharpness of a pinwheel over the L4, L5 and S1 dermatomes in bilateral lower extremities, decreased range of motion of the lumbar spine. She underwent an MRI of the lumbar spine (11-11-14) with disc protrusion. Treatments to date include medications: ibuprofen; acupuncture with benefit; physical therapy. The request for authorization was not present. On 10-7-15 Utilization Review non-certified the requests for lumbar brace; follow-up visit with neurologist per 9-9-15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports Chapter 12: Low Back Disorders, p138-139 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007).

**Decision rationale:** The claimant sustained a work injury in August 2014 when while working as a school bus operator, she fell after being struck by the bus door and is being treated for chronic low back pain with radiating symptoms to the buttocks and right hand numbness and tingling. She was seen for a PQME in May 2015. Her past medical history was that of hypertension. There was no lower extremity numbness or tingling. There was decreased lumbar range of motion with tenderness. She was using a cane due to low back pain. Recommendations included a spine evaluation. When seen by the requesting provider, pain was rated at 2/10. Electrodiagnostic testing in August 2015 had been negative for radiculopathy. Physical examination findings included a body mass index of 40. There was lumbar tenderness with decreased range of motion and negative straight leg raising. A lumbar orthosis and neurology referral are being requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.

**Follow up visit with neurologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in August 2014 when while working as a school bus operator, she fell after being struck by the bus door and is being treated for chronic low back pain with radiating symptoms to the buttocks and right hand numbness and tingling. She was seen for a PQME in May 2015. Her past medical history was that of hypertension. There was no lower extremity numbness or tingling. There was decreased lumbar range of motion with tenderness. She was using a cane due to low back pain. Recommendations included a spine evaluation. When seen by the requesting provider, pain was rated at 2/10. Electrodiagnostic testing in August 2015 had been negative for radiculopathy. Physical

examination findings included a body mass index of 40. There was lumbar tenderness with decreased range of motion and negative straight leg raising. A lumbar orthosis and neurology referral are being requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic low back pain without identified new injury or change in either symptoms or physical examination findings. The reason for the consultation is not given. The requested follow up neurology visit is not medically necessary.