

Case Number:	CM15-0200148		
Date Assigned:	10/15/2015	Date of Injury:	02/16/2011
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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:

The injured worker is a 46 year old female, who sustained an industrial injury on 2-16-11. The injured worker is diagnosed with lumbar facet syndrome, degenerative lumbar disc and lumbar myofascitis. Her work status is full duty with self-limited restrictions. A note dated 8-11-15 reveals the injured worker presented with complaints of low back pain described as a dull achiness that can result in spasms. The pain is increased with prolonged sitting or after a run. A physical examination dated 8-11-15 revealed tenderness of the "lumbar paraspinal musculature" with tight muscle bands and light muscle spasm. She experiences pain with backward bending in particular over "L4-L5 and L5-S1 facet joint region". She has nearly full range of motion, but reports pain at end range of extension. Treatment to date has included back brace and medication. Diagnostic studies have included an MRI of lumbar spine on 4/28/14 that revealed disc bulge and foraminal narrowing; EMG of lower extremity on 6/16/14 that revealed radiculopathy. The medication list include Tramadol, Lisinopril, Tizanidine and NSAID. Patient had received lumbar ESI for this injury. Other therapy done for this injury was not specified in the records provided. Per the note dated 1/27/15 the patient had complaints of low back pain. Physical examination of the lumbar spine revealed tenderness on palpation, muscle spasm, full ROM and negative SLR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective LSO brace x1 (Dispensed 1/27/15): Upheld

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

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 (updated 09/22/15), Lumbar supports.

Decision rationale: Retrospective LSO brace x1 (Dispensed 1/27/15) per the ACOEM Guidelines cited , Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition per the ODG cited regarding lumbar supports/brace, Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. 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). Under study for post-operative use; see Back brace, post operative (fusion). Details of PT or other type of therapy done since date of injury was not specified for this injury. A detailed response to prior conservative therapy was not specified in the records provided. The prior conservative therapy notes were not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. A surgery or procedure note related to this injury was not specified in the records provided. The medical necessity of the request for Retrospective LSO brace x1 (Dispensed 1/27/15) is not medically necessary.