

Case Number:	CM15-0200378		
Date Assigned:	10/15/2015	Date of Injury:	10/05/2005
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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 54 year old male, who sustained an industrial-work injury on 10-5-05. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, lumbar strain and sprain, lumbosacral radiculopathy, and lumbosacral disc injury. Medical records dated 9-24-15 indicate that the injured worker is for comprehensive visit. The work status is not noted. The physical exam dated 9-24-15 reveals tenderness in the lumbosacral musculature and positive straight leg raise in both legs. Treatment to date has included pain medication MS Contin, Norco, diagnostics, physical therapy, injections, acupuncture, transcutaneous electrical nerve stimulation (TENS), home exercise program (HEP) and activity modifications with persistent pain. The physician indicates that he recommends him to have a back brace to help protect his back to avoid injury. The requested service included a Back brace. The original Utilization review dated 10-2-15 non-certified 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, Section(s): Physical Methods.

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 chapter under Lumbar Supports.

Decision rationale: The patient presents on 09/24/15 with unspecified complaints. The patient's date of injury is 10/05/05. Patient is status post right carpal tunnel release and C4-5 cervical fusion at dates unspecified. The request is for back brace. The RFA was not provided. Physical examination dated 09/24/15 reveals tenderness to palpation of the cervical and lumbar paraspinal musculature with reduced range of motion noted in all planes, decreased strength in the bilateral upper extremities, and a positive straight leg raise test bilaterally. The patient is currently prescribed Norco and MS-Contin. Patient's current work status is not provided. MTUS/ACOEM Guidelines, Lower Back Complaints, chapter 12, page 301 on lumbar bracing states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines, Low Back chapter under Lumbar Supports states: Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain... very low quality evidence, but may be a conservative option. In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. 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. Per progress note dated 09/24/15, the provider states: "The patient is recommended to have back brace to help protect his back to avoid injury." This patient presents with chronic lower back pain without a history of surgical intervention, there is no indication that this patient has any lumbar instability, spondylosis, fractures, or other acute injury which would warrant a lumbar brace. Therefore, the request is not medically necessary.