

Case Number:	CM15-0208117		
Date Assigned:	10/27/2015	Date of Injury:	05/08/1996
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: New Jersey

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 59 year old male, who sustained an industrial injury on 05-08-1996. A review of the medical records indicates that the worker is undergoing treatment for rotator cuff syndrome, myofascitis-fibromyalgia, degenerative disc disease and left knee sprain and strain. Subjective complaints (07-13-2015, 08-19-2015 and 09-16-2015) included increasing low back pain and difficulty with activities of daily living. The degree of pain was not quantified and pain ratings before and after the use of medications was not documented. Objective findings (08-19- 2015 and 09-16-2015) included tenderness through the lumbar musculature with moderate palpable muscle spasms, decreased range of motion of the lumbar spine, pain with range of motion and low back and left leg pain at 50 degrees with straight leg raise. Treatment has included Norco, Gabapentin, Lidoderm patch, Ibuprofen and surgery. A utilization review dated 10-05-2015 non-certified a request for lumbar back brace. The reason for the request was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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), 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 section, Lumbar supports.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be considered as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, although the worker complained of increasing instability of his lower back, this was not identified and documented in the notes made available for review. Also, there was no history of recent surgery, fracture, or other reasons to suggest a low back brace would be appropriate in this setting. Also, there was no evidence to suggest the worker was performing home exercises regularly which are typically much better at improving low back complaints and instability. Therefore, this request for lumbar back brace will be considered medically unnecessary at this time.