

Case Number:	CM15-0214040		
Date Assigned:	11/03/2015	Date of Injury:	07/18/2012
Decision Date:	12/16/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/30/2015

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 40 year old female injured worker suffered an industrial injury on 7-18-2012. The diagnoses included lumbosacral protrusion with left lumbar radiculopathy. On 10-1-2015 the provider reported low back pain with left lower extremity symptoms rated 7 out of 10. The LSO no longer fastens due to a 40-pound weight gain. On exam there was lumbar spine tenderness with restricted range of motion and left positive straight leg raise. The lumbosacral spasms were decreased at that visit. The injured worker used the back brace approximately 6 days a week and it facilitated diminished in pain and improve tolerance to activity. He reported the brace with lateral supports stabilized the trunk to facilitate activities of daily living and improve activity and function. Utilization Review on 10-27-2015 determined non-certification for back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Work-Relatedness. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Lumbar supports.

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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in July 2012 and is being treated for low back and left leg pain. She has spondylolisthesis. Surgery is not being recommended. An x-ray of the lumbar spine including flexion and extension views in April 2015 was negative for instability. There was Grade II L5/S1 anterolisthesis. When seen, she was wearing a lumbar support, which was not fastening due to excessive wear, and there had been a 40-pound weight gain. She was using it 6 days per week with decreased pain. Physical examination findings included lumbar tenderness with spasms. There was positive left straight leg raising. A replacement lumbar orthosis was 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. Continued use of a lumbar support is not medically necessary.