

Case Number:	CM15-0218576		
Date Assigned:	11/10/2015	Date of Injury:	06/17/2011
Decision Date:	12/29/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/06/2015

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 49 year old male with an industrial injury date of 06-17-2011. Medical record review indicates he is being treated for chronic pain, disc displacement of the cervical spine, cervical radiculitis, cervical radiculopathy, status post cervical spinal fusion, lumbar radiculitis and lumbar radiculopathy. Subjective complaints (09-28-2015) included neck pain radiating down the bilateral upper extremities with right greater than left. The pain is accompanied by tingling and numbness intermittently in the bilateral upper extremities. Other complaints included low back pain radiating down the bilateral lower extremities and aggravated by activity and walking. The pain was rated as 8 out of 10 with medications (since last visit) and 10 out of 10 (since last visit) without medications. "The patient's pain is reported as worsened since his last visit." The injured worker reported limitations in the following areas due to pain: self-care and hygiene, activity, ambulation, hand function, sleep and sex. Work status is documented as "currently not working." Prior treatments included TENS unit, medication and home exercise program. Current (09-28-2015) medications included Senna-docusate, Tizanidine, Gabapentin, Butrans and Norco. Physical exam (09-28-2015) noted tenderness upon palpation in the spinal vertebral area lumbar 4-sacral 1 levels. Pain was significantly increased with flexion and extension. On 10-13-2015 the request for lumbar back brace-lumbar orthosis was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Orthosis/Lumbar Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, 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 chapter under Lumbar Supports.

Decision rationale: Based on the 9/28/15 progress report provided by the treating physician, this patient presents with neck pain radiating down bilateral upper extremities right > left with intermittent tingling and intermittent numbness into the hands, low back pain radiating down bilateral lower extremities, rated 8/10 with medications and 10/10 without medications. The treater has asked for LUMBAR ORTHOSIS/LUMBAR BACK BRACE on 9/28/15. The patient's diagnoses per request for authorization dated 10/8/15 are cervical radiculitis, cervical disc displacement, lumbar radiculopathy, bilateral elbow pain, bilateral hand pain. The patient's pain has worsened since the last visit per 9/28/15 report. The patient is s/p 2 months of TENS unit usage which has been helpful per 9/28/15 report. The patient has a history of hypertension and pancreatitis, and is s/p bilateral carpal tunnel release and multilevel cervical spine fusion of unspecified dates per 8/13/15 report. The patient is currently not working as of 9/28/15 report. ODG-TWC, Low Back chapter under Lumbar Supports states that lumbar supports such as back braces are "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." The treater has made a request for lumbar orthosis to assist with activity tolerance per progress report dated 9/28/15. Physical examination of the lumbar spine, as per the same report, revealed tenderness to palpation in the spinal vertebral area L4-S1 levels, and pain significantly increased with flexion and extension. Utilization review letter dated 10/13/15 denies request due to lack of a clear rationale. There is, however, a lumbar MRI from 2/18/13 that documents evidence of anterior wedge compression fracture of the vertebral body of T12 with 10-15% loss of vertebral body height anteriorly but the more recent MRI of lumbar spine from 4/27/15 show only 2 significant findings: lumbar spondylosis, with mild cord compression at T12-L1 and L5-S1 moderate to severe right and moderate left neural foraminal stenosis according to 9/28/15 report. The original MRI reports were not included in the documentation. The reports, however, do not document spinal instability, spondylolisthesis or compression fractures. There is no radiographic evidence of instability either. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. Hence, the request IS NOT medically necessary.