

Case Number:	CM15-0218920		
Date Assigned:	11/10/2015	Date of Injury:	11/02/2010
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
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: 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 injured worker is a 35 year old male-female, who sustained an industrial-work injury on 11-2-10. The injured worker was diagnosed as having lumbar sprain-strain, lumbar discogenic syndrome with radiculopathy, sacroiliac ligament sprain-strain and strain piriformis syndrome, and myalgia. Treatment to date has included medication: Tylenol, gabapentin, Cyclobenzaprine, and LidoPro cream; transcutaneous electrical nerve stimulation (TENS) unit and home exercise program (HEP) and certified for 9 physical therapy sessions and 18 chiropractic sessions. Currently, the injured worker complains of chronic lower back pain that was rated 7 out of 10, and radiated to the lower left extremity with intermittent numbness, tingling, and burning. Medications had the pain somewhat controlled. Sleep was affected. Per the primary physician's progress report (PR-2) on 10-19-15, exam noted tenderness to palpation to lumbar region with no changes in health status. Current plan of care includes heating pad, continue HEP, lumbar brace. The Request for Authorization requested service to include Evergreen Lumbar Brace, Large. The Utilization Review on 10-22-15 denied the request for Evergreen Lumbar Brace, Large.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evergreen Lumbar Brace, Large: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

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 November 2010 and continues to be treated for low back pain with left lower extremity radiating symptoms. When seen in October 2015 she had pain rated at 7/10. She was being seen for fitting of a lower back brace. She was working six hours per day. She was having ongoing radiating left lower extremity pain with intermittent numbness, tingling, and burning. Her pain was somewhat well controlled with medications. She was having difficulty sleeping. Physical examination findings included lumbar paraspinal and lateral gluteal muscle tenderness. Tylenol, gabapentin, and Lidopro cream were continued. Cyclobenzaprine was prescribed for muscle spasms. Recommendations included continued use of TENS and a home exercise program. The treatment plan references potential benefit from use of a heating pad, self trigger point therapy, trigger point injections, and use of a lumbar brace. 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. The requested lumbar support is not considered medically necessary.