

Case Number:	CM15-0219254		
Date Assigned:	11/12/2015	Date of Injury:	07/01/1997
Decision Date:	12/23/2015	UR Denial Date:	10/08/2015
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 58 year old male, who sustained an industrial injury on 7-1-1997. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain-strain with headaches, cervicothoracic lumbar myofascial pain syndrome, status post lumbar fusion, status post left shoulder surgery, and lumbar radiculopathy. On 9-25-2015, the injured worker reported a back flare up with pain that radiates down the left leg going into the groin and the left calf with numbness in the medial aspect of the calf going down to the bottom of the foot. The Primary Treating Physician's report dated 9-25-2015, noted the injured worker's activities had either been modified or discontinued because of his ongoing pain. The injured worker was noted to stumble from time to time with a left foot drop with an AFO for the left foot authorized. The injured worker's current medications were noted to include Norco and non-steroid anti-inflammatory drugs (NSAIDs). The physical examination was noted to show an apparent foot drop on the left, muscle guarding with palpation in the lumbar paravertebral muscles, ongoing pain with palpation about the left sacroiliac joint, and tenderness about the left sciatic notch. Positive Fabre and Patrick signs were noted on the left "indicative of sacroiliac joint involvement." The Physician noted the injured worker continued to have severe chronic back pain best described as "failed back syndrome." Prior treatments have included Anaprox, Gabapentin, Norco, Prilosec, and lumbar surgeries. The treatment plan was noted to include medication including Anaprox, Gabapentin, Prilosec, Norco, and a new lumbar spine brace as his previous lumbar support belt had been damaged and worn out due to overuse. The request for authorization dated 9-31-2015, requested purchase of a lumbar brace for the low back. The Utilization Review (UR) dated 10-8-2015, denied the request for a lumbar brace for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbar brace, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 cumulative trauma work injury with date of injury in April 1997. He has a history of multiple lumbar spine surgeries including a lumbar fusion and continues to be treated for chronic pain including a diagnosis of lumbar post laminectomy syndrome. When seen, he had worn a lumbar support belt, which had become damaged and worn out due to overuse. He was having a flare-up of back symptoms. He was having pain radiating into the left lower extremity with numbness. He was having increasing cramping of his calf. He had an ongoing left foot drop and an ankle foot orthosis had been authorized. Physical examination findings included a normal body mass index. He had an anterior and right biased lumbar list. There was lumbar paravertebral muscle guarding. He had pain with palpation over the left sacroiliac joint and left sciatic notch tenderness. There was left medial calf tenderness. He had decreased left lower extremity sensation and an absent left ankle reflex. There was decreased left lower extremity sensation. Neural tension signs were positive. Patrick/Fabere testing on the left was positive. He had decreased and painful lumbar spine range of motion. Medications were continued. Authorization was requested for a new lumbar spine 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 documented spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone recent surgery. 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, which may have occurred in this case. The requested lumbar support is not medically necessary.