

Case Number:	CM15-0220272		
Date Assigned:	11/13/2015	Date of Injury:	12/09/1999
Decision Date:	12/24/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/10/2015

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: Emergency Medicine

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 male who sustained an industrial injury on December 09, 1999. Of note, the employee last worked February 2000. The worker is being treated for: low back industrial injury and pain: lumbar radiculopathy, sprain and strain, insomnia, anxiety, and depression. Subjective: September 08, 2015 he reported complaint of low back dull aching pain with associated radiating pain, numbness and tingling to lower extremities, left side greater. He also reported feeling anxiety, and depressed moods with associated difficulty sleeping. Objective: September 08, 2015 noted the lumbar spine with palpable tenderness and myospasm over bilateral paralumbar muscles along with tenderness to palpate over sciatic notches. A SLR noted positive bilaterally causing low back pain radiating to posterior thigh upon 30 degrees of either leg rising. The Braggard's test also positive bilaterally and decreased ROM in all planes due to end range back pain. Medication: September 2015: Tramadol, Naproxen, Omeprazole, Flexeril, and two compound topical creams. Treatment: initial evaluation, radiographic study, medication, course of both PT and acupuncture which offered temporary relief; 2009 underwent spine surgery, lumbar spine with residual persistent pain. On October 27, 2015 a request was made for Aspen Summit back brace DME that was non-certified by Utilization Review on November 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen Summit Back Support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Aspen Summit Back Support is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention, Under study for treatment of nonspecific LBP, Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has low back dull aching pain with associated radiating pain, numbness and tingling to lower extremities, left side greater. He also reported feeling anxiety, and depressed moods with associated difficulty sleeping. Objective: September 08, 2015 noted the lumbar spine with palpable tenderness and myospasm over bilateral paralumbar muscles along with tenderness to palpate over sciatic notches. A SLR noted positive bilaterally causing low back pain radiating to posterior thigh upon 30 degrees of either leg rising. The Braggard's test also positive bilaterally and decreased ROM in all planes due to end range back pain. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Aspen Summit Back Support is not medically necessary.