

Case Number:	CM15-0224928		
Date Assigned:	11/23/2015	Date of Injury:	05/26/2013
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/16/2015

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 50 year old female with a date of injury on 05-26-2013. The injured worker is undergoing treatment for chronic pain due to trauma, lumbosacral strain-sprain, degenerative disc disease, cervical and lumbar facet arthropathy and rheumatism. A physician progress note dated 09-23-2015 documents the injured worker rates her pain as a 6-8 out of 10 on the pain scale, and average pain is 8 to 10. Duragesic 25 mcg is not strong enough and treatment will be discussed. She has pain in her low back, upper back, neck pain with bilateral shoulder and bilateral leg pain. The low back pain radiates into both legs left greater than right and it is constant. Straight leg raising test is negative bilaterally. Motor and sensory exam is normal bilaterally. She has tenderness to palpation in the upper paraspinal muscles. Rhomboid muscles are tender. She has tenderness to palpation in the cervical paraspinal muscles, and paraspinal muscle spasm is absent. She has restricted and painful cervical range of motion. An intrathecal pump trial is being recommended. In a physician note dated 09-30-2014 it is documented she was given a trial of a decompression brace for her spine which helped to significantly decrease her back pain and improve her sitting tolerance. She was also able to ambulate with a much improved posture. Her gait pattern was improved significantly with the use of a decompression brace. Treatment to date has included diagnostic studies, medications, Toradol injections, epidural injections and facet blocks. A spinal stimulator implanted in 2013 with modest benefit. Current medications include Fentanyl 25mcg-hour every 48 hours, Dulcolax, Atorvastatin, Biotin, Citalopram, Norco, Linzess, Losartan, Lyrica, Ranitidine, Temazepam, and Ultram. On 10-13-2015 Utilization Review non-certified the request for DDS lumbar decompression brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DDS lumbar decompression brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar and Thoracic (Acute and Chronic) Chapter (Online Version) Back Braces/Lumbar Supports.

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 DDS lumbar decompression brace 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 non-specific 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, upper back, neck pain with bilateral shoulder and bilateral leg pain. The low back pain radiates into both legs left greater than right and it is constant. Straight leg raising test is negative bilaterally. Motor and sensory exam is normal bilaterally. She has tenderness to palpation in the upper paraspinal muscles. Rhomboid muscles are tender. She has tenderness to palpation in the cervical paraspinal muscles, and paraspinal muscle spasm is absent. She has restricted and painful cervical range of motion. 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, DDS lumbar decompression brace is not medically necessary.