

Case Number:	CM15-0035362		
Date Assigned:	03/03/2015	Date of Injury:	10/05/2010
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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 59 year old female, who sustained an industrial injury on October 5, 2010. The injured worker had sustained a back and right foot injury. The diagnoses have included displacement of intervertebral disc without myelopathy, lumbar facet arthropathy, lumbar radiculitis, bilateral planter fasciitis and chronic pain. Treatment to date has included medications, lumbar medial branch block, radiofrequency rhizotomy, back brace and an MRI. Current documentation dated January 21, 2015 notes that the injured worker reported constant low back pain and pain in the mid back and coccyx areas. The pain radiated into the bilateral lower extremities. Associated symptoms include numbness and tingling. The documentation notes that the injured worker had a flare-up of pain symptomatology to the lumbar spine and bilateral feet. Physical examination of the lumbar spine revealed tenderness to palpation over the right paraspinal muscles and down the right posterior leg. Decreased sensation to light touch over the bilateral lower extremities was also noted. Examination of the right foot revealed tenderness to palpation over the lateral aspect and planter aspect of the foot. Exam, of the left foot revealed tenderness to palpation over the planter aspect of the foot. The treating physician requested a new back brace due to the injured workers brace being worn out. On February 18, 2015 Utilization Review non-certified a request for a new lumbar brace. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Lumbar 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), Treatment Index, 11th Edition (web), 2014, Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter on lumbar supports.

Decision rationale: This patient presents with low back, upper back, tailbone, and bilateral foot pain. The treater is requesting a NEW LUMBAR BRACE. The RFA from 02/05/2015 shows a request for a new lumbar brace. The patients' date of injury is from 10/05/2010 and she is currently temporarily totally disabled. The ACOEM Guidelines page 301 on lumbar bracing states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines under the Low Back chapter on lumbar supports states, Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option. The MRI of the lumbar spine dated 02/18/2015 shows: 1. There is mild disc degeneration at L2 - 3 and L5 - S1. 2. There is a 2.5 mm left paracentral posterior disc protrusion at L5 - S1 resulting in mild focal effacement of the ventral subarachnoid space. 3. 2mm far left posterior lateral disc bulge at L4 - 5 does not significantly impinge. The patient is not post-surgical. Reports do not show that the patient has spondylolisthesis or instability. The treater is requesting a replacement lumbar brace for the patient's current old and worn out brace. In this case, the patient does not meet the ACOEM and ODG guidelines for lumbar bracing. The request IS NOT medically necessary.