

Case Number:	CM15-0054558		
Date Assigned:	03/27/2015	Date of Injury:	11/20/2001
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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 56 year old male, who sustained an industrial injury on 11/20/2001. He reported low back pain. The injured worker was diagnosed as having chronic low back pain, lumbar degenerative spondylosis, myofascial pain syndrome, pain disorder with psychological and general medical condition, and persistent insomnia due to chronic pain. Treatment to date has included medications, back surgery, pool therapy, psychotherapy, x-ray, and computed tomography scan, and urine drug screening. On 8/19/2014, he is reported to have chronic low back pain with both nociceptive and affective components. He has reported that pool therapy was helpful, but due to the distance to go to therapy it is difficult to attend. The request is for a lumbar support brace. On 2/17/2015, he is seen for continued low back pain. He reports having partial pain relief with his current medication regimen, which help to improve his function. The treatment plan included: continuation of current analgesic medications, discuss treatments for insomnia, consider trial of Subsys, pool therapy, and lumbar support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 138-139.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for chronic low back pain. He underwent lumbar surgery with artificial disc replacement and fusion in April 2008. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. 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. The requested lumbar support was therefore not medically necessary.