

Case Number:	CM15-0057684		
Date Assigned:	04/02/2015	Date of Injury:	01/24/2014
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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 48 year old male, who sustained an industrial injury on January 24, 2014. The injured worker was diagnosed as having lumbar spine sprain/strain rule out herniated lumbar disc with radiculitis/radiculopathy. Treatment to date has included Toradol injections and medication. Currently, the injured worker complains of pain in the lumbar spine with increased pain in the right leg. The Primary Treating Physician's report dated February 17, 2015, noted the injured worker reported unable to work for more than three days with a lot of difficulty with severe pain. Physical examination was noted to show tenderness to palpation over the lumbar paraspinal musculature with paraspinal spasms and tightness. Straight leg raise was noted to be positive bilaterally, eliciting pain at the L5-S1 dermatome distribution. Facet joint tenderness was noted at the L3, L4, and L5 levels bilaterally, with hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the L4, L5, and S1 dermatome levels. The treatment plan was noted to include a request for authorization for an electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities, prescribed lumbar spine MRI, request for authorization to begin physical therapy, refill of medications including Anaprox, Prilosec, Ultram, Norco, and Flexeril. The injured worker received an injection of intramuscular Toradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace LSO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: lumbar supports.

Decision rationale: According to the 02/17/2015 report, this patient presents with pain in the lumbar spine along with increased pain in the right leg. The current request is for Brace LSO but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status is return to modified work on 2/17/15 with restrictions of light duty. 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 regarding lumbar supports states "not recommended for prevention, however, recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The guidelines support the use of a lumbar brace in the acute phase of care and this patient is in the chronic phase of care. Therefore, the request IS NOT medically necessary.