

Case Number:	CM15-0081824		
Date Assigned:	05/04/2015	Date of Injury:	11/26/2012
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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 47 year old male, who sustained an industrial/work injury on 11/26/12. He reported initial complaints of back pain/tightness. The injured worker was diagnosed as having degenerative disc disease, L4-5 disc protrusion, and bilateral facet arthropathy, and central canal stenosis. Treatment to date has included medication, acupuncture, chiropractic care, physical therapy, and lumbar epidural steroid injection. MRI results were reported on 12/11/14. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 12/10/14. Currently, the injured worker complains of moderate pain on the right side of the lower back that radiates thorough the right leg to the right foot. Per the primary physician's progress report (PR-2) on 2/11/15, examination revealed the injured worker had a mild limp favoring the right leg, wore a lumbar brace, and tenderness with palpation, limited range of motion and motor weakness in the right lower extremity. The requested treatments include lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (20th annual edition) & ODG Treatment for Workers' Compensation (13th annual edition), 2015, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: Based on the 02/11/15 progress report provided by treating physician, the patient presents with low back pain that radiates to right leg and right foot. The patient is status post lumbar spine surgery 1989. The request is for Lumbar Brace. No RFA provided. Patient's diagnosis on 02/11/15 included lumbosacral discopathy with right lower extremity radiculopathy; L4-5 with a 4mm posterior broad-based protrusion and bilateral facet arthropathy per MRI 12/11/14; acute right L5 and S1 lumbosacral radiculopathy per EMG/NCV 12/10/14. Physical examination to the lumbar spine on 02/11/15 revealed tenderness to palpation with associated spastic activity, restricted range of motion, and motor weakness in the right lower extremity. The patient is temporarily totally disabled, per 02/11/15 progress report. Treatment reports were provided from 09/25/14 - 02/03/15. 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." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back-Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Treater has not provided reason for the request. Per 02/11/15 progress report, patient reports "receiving his lumbar spine brace." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. Patient's back surgery is not recent to warrant bracing. Furthermore, ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request is not medically necessary.