

Case Number:	CM15-0231766		
Date Assigned:	12/07/2015	Date of Injury:	01/11/2010
Decision Date:	01/13/2016	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/24/2015

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 50 year old female who sustained an industrial injury on January 11, 2010. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include lumbar region intervertebral disc degeneration and mid-cervical region cervical disc degeneration. In the provider notes dated October 1, 2015 the injured worker complained of neck and low back pain and numbness and tingling into both lower extremities. She has had physical therapy and is doing independent exercise program "with some benefit but is still having a lot of radicular pain." Her medications help with her pain and she is interested in a trial of spinal cord stimulation and would like a firm brace to use when she is on her feet for long periods. She has a soft brace "but it is too stretchy and does not provide much support for her." On exam, the documentation stated she has an antalgic gait. Range of motion was decreased in the lumbar spine and sensation was decreased in the left L5-S1 dermatomes. There was spasm and guarding of the lumbar spine and left straight leg raise was positive. The treatment plan includes medication refills, lumbar cushion and firm lumbar brace. A Request for Authorization was submitted for lumbar cushion and firm lumbar brace. The Utilization Review dated October 26, 2015 non-certified the request for lumbar cushion and firm lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Cushion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Durable Medical Equipment.

Decision rationale: The current request is for lumbar cushion. The RFA is from 10/01/15. Treatment history include physical therapy, lumbar steroid injection, independent exercise program, psyche clearance for SCS trial, and medications. It was noted that the patient is permanent and stationary, but it is unclear if she has returned to work. The MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Knee and Leg Chapter, under Durable Medical Equipment states: "Recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." ACOEM page 262 regarding ergonomics states, "The clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence. The employer's role in accommodating activity limitations and preventing further problems through ergonomic changes is key to hastening the employee's return to full activity." Per report 10/01/15, the patient presents with chronic lower back pain, with numbness and tingling in the lower extremities. Physical examination revealed antalgic gait, decreased range of motion, and sensation was decreased in the left L5-S1 dermatomes. There was spasm and guarding of the lumbar spine and left straight leg raise was positive. A request was made for a "firm lumbar brace" and "lumbar cushion." The treating physician has not provided any discussion regarding the requested lumbar cushion. There is no discussion as to why it is medically necessary and how it is to be used. In this case, a cushion used for extra padding or support is not considered medically necessary and does not fit the definition of Durable Medical Equipment as stated above. Therefore, the request IS NOT medically necessary.

Firm lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 chapter under Lumbar Supports.

Decision rationale: The current request is for firm lumbar brace. The RFA is from 10/01/15. Treatment history include physical therapy, lumbar steroid injection, independent exercise program, psyche clearance for SCS trial, and mediations. It was noted that the patient is permanent and stationary, but it is unclear if she has returned to work. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 12, 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, Low Back chapter under 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. Per report 10/01/15, the patient presents with chronic lower back pain, with numbness and tingling in the lower extremities. Physical examination revealed antalgic gait, decreased range of motion, and sensation was decreased in the left L5-S1 dermatomes. There was spasm and guarding of the lumbar spine and left straight leg raise was positive. A request was made for a "firm lumbar brace" and "lumbar cushion." The treating physician has not provided any discussion regarding the requested firm back brace. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low grade evidence for this treatment modality. This patient presents with chronic lower back pain, but here is no indication that this patient has lumbar instability, spondylosis, fractures, or other acute injury which would warrant a lumbar brace. Therefore, the request IS NOT medically necessary.