

Case Number:	CM15-0238448		
Date Assigned:	12/15/2015	Date of Injury:	03/11/2003
Decision Date:	01/19/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	12/07/2015

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: Emergency Medicine

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 61 year old female, who sustained an industrial injury on 3-11-2003. Medical records indicate the worker is undergoing treatment for lumbar radiculitis, myofascial pain disorder, chronic pain, low back pain and degenerative disc disease. A recent progress report dated 10-26-2015, reported the injured worker complained of sciatica-low back pain radiating to the left buttock and bilateral legs and right shoulder pain. The injured worker reports poor pain control with opioid tapering. Physical examination revealed a slow, stooped, guarded posture, antalgic gait, right shoulder decreased range of motion and pain with straight leg raise test. Treatment to date has included home exercise program, 4 visits of physical therapy (without sustained benefit) and medication management. On 10-26-2015, the Request for Authorization requested a lumbar brace. On 11-3-2015, the Utilization Review noncertified the request for a 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: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Lumbar brace, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note: "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has sciatica-low back pain radiating to the left buttock and bilateral legs and right shoulder pain. The injured worker reports poor pain control with opioid tapering. Physical examination revealed a slow, stooped, guarded posture, antalgic gait, right shoulder decreased range of motion and pain with straight leg raise test. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar brace is not medically necessary.