

Case Number:	CM14-0215183		
Date Assigned:	01/02/2015	Date of Injury:	02/04/2004
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabn

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 patient is a 43 year old male with the injury date of 02/04/04. Per physician's report 11/06/14, the patient has low back pain at 7/10, radiating down the left lower extremity. The patient is currently working. Examination of the lumbar spine reveals tenderness to palpation with slight spasms and muscle guarding over the paraspinal musculature. Straight leg raising test is positive. His lumbar flexion is 38 degrees, extension is 12 degrees, right side bending is 14 degrees and left side bending is 11 degrees, The lists of diagnoses are: 1) Lumbar spine musculoligamentous sprain/ strain with 4mm disc protrusion at L4-5 with stenosis, 1-2mm disc bulges at L3-4 and L5-S1 with facet hypertrophy and L5-S1 degenerative changes per MRI from September 2007. 2) History of low back surgery at L4-5 in 1997. 3) Post lumbar rhizotomy in June 2008 The provider requested for back brace to increase ADLs and to reduce pain level. Per 02/19/14 progress report, the patient has moderate low back pain. The patient returns to full usual and customary duties on 02/19/14. The patient is taking Norco and Fexmid. EMG/ NCV of the lumbar spine and bilateral lower extremities from 05/28/14 reveal 1) no electrical evidence of lumbar radiculopathy or plexopathy affecting the L3 - S1 lower motor nerve fibers of the bilateral lower extremities 2) no electrical evidence of generalized peripheral neuropathy. The utilization review determination being challenged is dated on 12/02/14. Three treatment reports were provided from 12/04/13 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301. Decision based on Non-MTUS Citation Low back chapter, Lumbar supports

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The patient is s/p lumbar rhizotomy in June 2008. The request is for back brace. 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 under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further 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)." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. This request is not medically necessary.