

Case Number:	CM15-0010290		
Date Assigned:	01/27/2015	Date of Injury:	06/04/2012
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 60 year old male with an industrial injury dated date of injury 06/04/2012. His diagnoses include low back pain, coccygodynia, cervical disc with radiculitis, and lumbar disc with radiculitis. Recent diagnostic testing was not provided or discussed. He has been treated with medications, activity restrictions, and a home exercise program. In a progress note dated 12/09/2014, the treating physician reports cervical spine pain with radiation to the left upper extremity with associated numbness, tingling and weakness, and low back pain with radiation to the left lower extremity with associated numbness, tingling and weakness, despite treatment. The objective examination revealed a pain rating of 9/10, an antalgic gait, tenderness to palpation along the cervical and lumbar paraspinal musculature, restricted range of motion in the cervical spine and lumbar spine, normal motor strength, and normal sensation in the bilateral extremities. The treating physician is requesting a lumbar brace which was denied by the utilization review. On 12/19/2014, Utilization Review non-certified a request for durable medical equipment mi (lumbar spine brace), noting the absence of efficacy for the injured worker's condition and the restricted movement the brace causes resulting in worsening of condition. The ODG Guidelines were cited. On 01/17/2015, the injured worker submitted an application for IMR for review of durable medical equipment mi.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine 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 (ODG), Low Back Chapter, Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back section, Lumbar supports

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar spine brace is not medically necessary. Lumbar supports are not shown to have lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend lumbar supports for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports are recommended as an option for compression fractures 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). In this case, the injured worker's working diagnoses are neck pain; low back pain; coccygodynia; cervical disc with radiculitis; and lumbar disc with radiculitis. Subjectively, the injured worker complains of neck pain. There is pain in the lower back with radiation to the left lower extremity. Objectively, there is tenderness along the cervical and lumbar paraspinal muscle groups, trapezius, quad laborum with appropriate referral patterns. Motor strength is 5/5. Sensation is decreased to light touch, pinprick in temperature and the left L4, L5 extremity dermatomes. Straight leg raising is positive bilaterally. Lumbar supports are not shown to have lasting benefits beyond the acute phase of symptom relief. The guidelines do not recommend lumbar supports for prevention and there were strong and consistent evidence that lumbar supports were not effective in preventing and back pain. The injured worker does not have compression fractures, spondylolisthesis or documented instability. Consequently, absent the appropriate clinical indication for lumbar spine brace, lumbar spine braces not medically necessary.