

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0111627 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 04/12/2011 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 4/12/2011. Diagnoses include lumbosacral disc injury, lumbosacral neuropathy, left foot drop, history of back surgery (1/30/2012), and lumbosacral sprain/strain. Treatment to date has included surgical intervention (microdiscectomy 2012), psychological care, medications including Mobic and Cialis, TENS unit and home exercise. Per the Primary Treating Physician's Progress Report dated 5/01/2015, the injured worker reported ongoing low back and left lower extremity pain. Physical examination revealed a slightly antalgic gait. He uses a straight point cane for ambulation. There was lumbosacral tenderness to palpation with painful range of motion that was decreased by 40% of normal. Straight leg raise was positive on the left and there was foot drop on the left. The plan of care included pain medication, TENS unit, home exercise and psychological evaluation. Authorization was requested for a back brace for the lumbar spine. The medication list include Mobic, Vicodin, Hydrocodone and Cialis. Patient sustained the injury due to lifting a heavy box. The patient's surgical history include a back surgery in 2012. Patient had received lumbar ESI for this injury. The patient has had EMG study on 4/23/13 that revealed left S1 radiculopathy. The patient has used a TENS unit. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS 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 (updated 05/15/15) Lumbar supports.

Decision rationale: Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Treatment: 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). Under study for post-operative use; see Back brace, post operative (fusion). Other therapy done for this injury was not specified in the records provided. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. The Back Brace for the lumbar spine is not medically necessary.