

Case Number:	CM15-0122373		
Date Assigned:	07/06/2015	Date of Injury:	10/22/1997
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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: Preventive Medicine, Occupational 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 63 year old male who sustained an industrial injury on 10/22/97 injuring his neck and back. Diagnoses include status post cervical fusion (2002); anxiety; depression; pain disorder; lumbar facet pain; possible lumbar radiculopathy; cervical degenerative disc disease; myofascial pain. Diagnostics include computed tomography of the cervical spine (7/28/03) with multilevel degenerative spondylotic changes, moderate compromise of the right C3-4 neural foramina and left C5-6 neural foramina; MRI of the lumbar spine (4/16/03) with degenerative disc disease L3-4 and L4-5 and L5-S1. Treatment to date has included surgery, cognitive behavioral treatment, medications, home exercise program and chiropractic therapy. In the PR-2 dated 2/25/2015 the injured worker complained of persistent low back pain with a pain level of 6/10, cervical neck pain with muscle pain and tightness, low back pain with radiation to the left thigh. On physical exam spasms were noted in the cervical paraspinal muscles and stiffness in the cervical spine, tenderness in cervical facet joints and limited mobility, there was tenderness in the lumbar paraspinal muscles and stiffness in the lumbar spine. Current medications are Lyrica, Norco, Avinza, tizanidine, trazadone, Cymbalta. On 6/11/15 Utilization Review evaluated a request for custom fit lumbar brace for postural maintenance for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Custom fit Lumbar Brace for postural maintenance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-8. Decision based on Non-MTUS Citation 1) North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. Burr Ridge (IL): North American Spine Society (NASS); 2011. 104 p. [542 references] 2) Canadian Institute of Health Economics: Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p. [39 references].

Decision rationale: A back brace is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The ACOEM guideline does not recommend use of a back brace or corset for treating low back pain as its use is not supported by research based evidence. The North American Spine Society guidelines for treating lumbar spinal stenosis recommends use of a low back brace only when required for activities of daily living but notes any benefits from its use goes away as soon as the brace is removed. Although this patient continues to experience back pain there is no mention of significant impairment in most of his activities of daily living. Considering the known science and the patient's documented impairments there is no indication for use of a back brace in treating this patient at this time. The request is not medically necessary.