

Case Number:	CM15-0125733		
Date Assigned:	07/10/2015	Date of Injury:	10/23/2012
Decision Date:	08/06/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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 56 year old male, who sustained an industrial injury on 10/23/2012. He reported injury to his back while tugging on a water line. The injured worker was diagnosed as having unspecified obesity, unspecified neuralgia, neuritis, and radiculitis, post surgery back pain, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included diagnostics, epidural steroid injections, lumbar spinal surgery (9/2013), physical therapy, and medications. Currently, the injured worker complains of increased low back pain with radiation to his left leg, rated 7/10. Relief of about 60% was reported from pain medication. His Oswestry score was 34. His body mass index was 41.4%. Medications included Gabapentin, Nabumetone, and Tramadol ER. He was given a trial of unloading brace for his spine and reported a decrease in back pain from 8 to 5. The treatment plan included a DDS 500 Decompression Brace and continued weight reduction program, along with x-rays of the lumbar spine. His work status remained total temporary disability. The Agreed Medical Examination (5/19/2015) noted a recommendation for weaning from narcotic medications and a weight loss program. On the whole, it was felt that he had a good result from surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DDS 500 Lumbar Decompression Brace Provided by Trinity Innovations: 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).

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

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, DDS 500 lumbar decompression brace provided by Trinity Innovations is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are obesity; neuritis; post surgery back pain; and degeneration of lumbar intervertebral disc. The date of injury is October 23, 2012. The date of surgery was September 3, 2013 that included the L4 - L5 and L5 - S1 fusion. The injured worker is 22 months post surgery. According to the most recent progress note dated May 13, 2015, the injured worker has decreased range of motion of the lumbar spine. The worker can transfer, there is no instability and there is no neurologic evaluation documented in the progress note. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations and clinical instability of the lumbar spine, DDS 500 lumbar decompression brace provided by Trinity Innovations is not medically necessary.