

Case Number:	CM15-0127182		
Date Assigned:	07/13/2015	Date of Injury:	05/29/2009
Decision Date:	08/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on May 29, 2009. She has reported injury to the bilateral shoulders, lumbar spine, and cervical spine and has been diagnosed with disc lesion of the cervical spine with radiculitis/radiculopathy, right shoulder strain/sprain, left shoulder sprain/strain, herniated lumbar disc lesion L3-4, L4-5, L5-S1 with radicular symptoms, internal derangement of the right knee, medial meniscus tear with extrusion, severe degenerative joint disease, internal derangement of the left knee, medial meniscus tear, status post left carpal tunnel release, recurrent carpal tunnel syndrome, status post right shoulder arthroscopy, and left heel plantar fasciitis. Treatment has included physical therapy, rest, medications, surgery, and injections. There was decreased range of motion of bilateral shoulders. There was tenderness over the greater tuberosity of the humerus and a positive impingement test. There was decreased range of motion of the lumbar spine. There was tenderness to palpation along the paraspinal musculature. There was decreased range of motion to the cervical spine. There was a well-healed incision secondary to anterior cervical discectomy and fusion. There was tightness and spasm in the paraspinal musculature, trapezius, sternocleidomastoid, and strap muscle. There was a positive foramina compression test and a positive Spurling's test. The treatment request included a lumbar support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: 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." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back and Lumbar and Thoracic Chapter, lumbar supports topic, 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)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per 04/29/15 report, treater states, "I request authorization for a lumbar support brace. It is important that the patient be given the following DME to help facilitate rapid recovery for their industrial injury. The LSO brace is equipped with a pull handle that allows the patient to easily compress the disc providing extra stabilization. The LSO brace is designed to ensure comfort when it is worn. The added pads and ergonomic rigid panels ensure compliance." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request is not medically necessary.