

Case Number:	CM15-0172529		
Date Assigned:	09/14/2015	Date of Injury:	04/09/2014
Decision Date:	10/15/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 04-09-2014. He has reported injury to the low back. The diagnoses have included lumbar pain; lumbar sprain-strain; lumbar disc protrusion; lumbar myospasm; lumbar radiculopathy; gastroesophageal reflux disease; and gastritis. Treatment to date has included medications, diagnostics, chiropractic therapy, and physical therapy. Medications have included Motrin, Cyclobenzaprine, and Protonix. A progress note from the treating physician, dated 07-24-2015, documented a follow-up visit with the injured worker. The injured worker reported constant, moderate low back pain; the pain is described as sharp, stabbing, and throbbing; the pain radiates to both feet with numbness; the pain is rated at 6 out of 10 in intensity; the pain is aggravated by sitting, prolonged standing and walking; increased pain in the lower extremities; and aquatic therapy helps decrease spasm and helps him dress easier. It is noted that the injured worker has had 4 chiropractic visits to date and 24 physical therapy visits to date. Objective findings included 4 out of 5 motor strength is noted in the hamstrings; uses foot orthotics today; lumbar ranges of motion are decreased and painful; there is tenderness to palpation of the lumbar paravertebral muscles; there is muscle spasm of the lumbar paravertebral muscles; Kemp's causes pain bilaterally; and sitting straight leg raise is positive on the right. The treatment plan has included the request for lumbar brace. The original utilization review, dated 08-21-2015, non-certified a request for lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in April 2014 while working in construction with metal wiring. He is being treated for low back pain with radiating symptoms into the feet increased with sitting, prolonged standing, and walking. When seen there was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and spasms. He had pain with Kemp's testing and right straight leg raising was positive. There was decreased lower extremity strength and he was using for orthotics. Additional aquatic therapy for improved range of motion, decreased pain, and activities of daily living and a back brace were requested. Treatments had included 24 physical therapy and for chiropractic sessions. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar brace is not medically necessary.