

Case Number:	CM15-0172622		
Date Assigned:	09/14/2015	Date of Injury:	03/12/2014
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
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 21 year old male, who sustained an industrial injury on 3-12-14. Medical record indicated the injured worker is undergoing treatment for lumbar disc degeneration, lumbar spine radiculopathy, lumbar sprain-strain and left L5 lumbosacral radiculopathy. Treatment to date has included oral medications including Mobic, Flexeril and Tramadol, physical therapy and activity modifications. Currently on 7-8-15 and on 7-22-15, the injured worker complains of a lot of pain and discomfort. He is temporarily partially disabled. Physical exam performed on 7-8-15 and 7-22-15 revealed slow gait, lumbosacral tenderness to palpation with painful range of motion and some motor weakness in left lower extremity compared to the right lower extremity. A request for authorization back brace and (MRI) magnetic resonance imaging of lumbar spine. On 8-5-15, utilization review non-certified a request for a back brace, noting guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic back brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 March 2014 and is being treated for low back pain with lumbar degenerative disc disease and lumbosacral radiculopathy. Recent treatments include physical therapy and prior treatments also include acupuncture, medications, and an epidural steroid injection. When seen, there was lumbar tenderness with decreased range of motion. There was positive left straight leg raising with decreased left lower extremity strength. He had a slow gait and was using a cane. A back brace is being requested. 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 support is not medically necessary.