

Case Number:	CM15-0174404		
Date Assigned:	09/28/2015	Date of Injury:	12/21/2011
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/04/2015

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 67 year old female who sustained an industrial injury on 12-21-11. A review of the medical records indicates she is undergoing treatment for low back pain and displacement of lumbar intervertebral disc without myelopathy. Medical records (7-28-15 to 8-20-15) indicate ongoing complaints of left lower back pain with radiation into the anterolateral lower extremity to the knee with numbness and tingling. She rates her pain 5 out of 10. She reports that the pain has been "significant on her physical and emotional life". She reports that the pain impairs her ability to perform household chores, walk, run, and play sports. She also indicates it has had a "negative impact" emotionally causing problems with concentration, depression, anxiety, mood, appetite, sleep, and relationships. The physical exam (8-20-15) reveals decreased range of motion in the lumbar spine with flexion, extension, lateral rotation, and lateral bending. No increased pain is noted with range of motion. Tenderness to palpation is noted in lumbar paraspinal muscles at L3-S1 bilaterally. Motor strength is "5 out of 5" bilaterally of lower extremities, except "4 out of 5" of the hip flexor muscles. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included physical therapy, medications, a lumbar epidural steroid injection, acupuncture, and a surgical consultation. Treatment recommendations include continued physical therapy, a home exercise program, continued acupuncture, continued medications, the use of a walker, the use of a lumbar spine brace, and a possible lumbar epidural steroid injection. The injured worker is not currently working. She retired on 12-21-11. The utilization review (9-3-15) indicates the requested treatment as a lumbar spine brace. This was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this chronic 2011 injury. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Lumbar spine brace #1 is not medically necessary and appropriate.