

Case Number:	CM15-0177546		
Date Assigned:	10/14/2015	Date of Injury:	03/07/2008
Decision Date:	12/02/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/09/2015

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 60 year old male, who sustained an industrial-work injury on 3-7-08. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbar spondylosis, myofascial pain and chronic pain syndrome. Medical records dated (4-27-15 to 8-4-15) indicate that the injured worker complains of constant low back pain with weakness, numbness and tingling in the bilateral lower extremities (BLE). The pain is aggravated by sitting, standing and bending and relieved with rest. The pain is rated 7-8 out of 10 on the pain scale, which has been unchanged. The physical exam dated 8-4-15 reveals lumbar tenderness to palpation, paraspinal trigger point found, decreased range of motion, and facet loading with lateral rotation and thoraco-lumbar extension reproduces axial low back pain. Treatment to date has included pain medication including Naproxen and Ibuprofen (with no pain relief), Norco and Cyclobenzaprine, diagnostics, physical therapy, and other modalities. The requested service included a Lumbar back brace. The original Utilization review dated 8-7-15 non-certified the request for Lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: The patient presents with lumbar spine, bilateral shoulders, elbows and hands pain rated 8/10. The request is for lumbar back brace. The request for authorization is not provided. The patient is status post right elbow ulnar nerve release, 06/23/15. Status post bilateral carpal tunnel release. Patient's diagnoses include cervical spondylosis C5 through C7 with no clear-cut radiculopathy, per AME; bilateral shoulder impingement and acromioclavicular arthritis, clinically; left elbow cubital tunnel syndrome; lumbar spondylolisthesis L5-S1 associated with right lower extremity radiculopathy; mild chondromalacia patella bilateral knees. Physical examination of the lumbosacral spine reveals tenderness present. Paraspinal trigger point found. Range of motion decreased. Facet loading with lateral rotation and thoraco-lumbar extension reproduces axial low back pain. Patient's medications include Aspirin, Carvedilol, Cyclobenzaprine, Cymbalta, Nitroglycerin, Norco, and Zipsor. Per progress report dated 09/24/15, the patient is returned to light duty. 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 - Lumbar & 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 progress report dated 07/23/15, treater's reason for the request is "This is the recommended conservative treatment for the lumbar spine by [REDACTED] per his most recent Agreed Medical Evaluation." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. In this case, 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.