

Case Number:	CM15-0178093		
Date Assigned:	09/18/2015	Date of Injury:	02/09/2015
Decision Date:	10/21/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 2-9-15. The injured worker was diagnosed as having lumbar degenerative disc disease; mild spondylolysis some low-grade radiculopathy. Treatment to date has included chiropractic therapy; trigger point injection (8-18-15); medications. Diagnostics studies included MRI lumbar spine (4-21-15). Currently, the PR-2 notes dated 8-18-15 indicated the injured worker was in the office to discuss issues surrounding his lumbar spine for another opinion for his chronic lumbar spine discomfort. The provider lists Glumetza 1000mg extended Release, quinapril 10mg tablet and Zolpidem 10mg tablet as the current medications. The provider documents a physical examination noting: On examination of the lumbar spine, there is very mild loss of lumbar lordosis. No central tenderness but paraspinous tenderness is noted. Decreased flexion and extension of lumbar spine. No sacral or coccygeal tenderness is noted. No tenderness of the sciatic notch. Bilateral extremities are neurovascularly intact with reflex testing normal. Strength and sensation show no deficit. Gait pattern is within normal limits. The provider reviews the MRI of the lumbar spine. The actual report was submitted and notes: A MRI of the lumbar spine dated 4-21-15 impression reveals: 1) 4mm left lateral recess and left foraminal protrusion with an associated left foraminal annular fissure at L5-S1 is unchanged. No canal stenosis. 2) Severe bilateral facet degenerative disease at L5-S1 has progressed in the interval." The provider's treatment plan documents: not a surgical candidate at this time. Trigger point injections were recommended. In review, the evidence supports low back pain from the musculoskeletal cause together with radiculopathy in the lower extremity on both the right and

left sides. Increasing activity is also recommended. The injured worker agreed to left and right sided trigger point injection on this date into the right paraspinous musculature using 80mg Depo-Medrol with 2cc of 0.5% Marcaine. He has also recommended exercise and a rehab program as well as a Medrol Dosepak. He also is requesting a LSO dynamic back brace to both protect and support the lumbosacral areas. Other medical documentation submitted suggests a lumbar L5-S1 epidural steroid injection but this has not been authorized to date. A Request for Authorization is dated 9-10-15. A Utilization Review letter is dated 9-4-15 and non-certification was for a Lumbosacral Orthotic Brace, for Lumbar Spine, Purchase. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. The provider is requesting authorization of Lumbosacral Orthotic Brace, for Lumbar Spine, Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral Orthotic Brace, for Lumbar Spine, Purchase: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was several months ago. Although it may be used in the early stages of injury, long-term use is not recommended. The purchase of a lumbar brace is not medically necessary.