

Case Number:	CM15-0033647		
Date Assigned:	02/27/2015	Date of Injury:	08/28/2014
Decision Date:	04/13/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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 51 year old male, who sustained a work/ industrial injury on 8/28/14 as a customer service agent while working for an airline. He attempted to lift a person that was falling out of a seat on the aircraft. He has reported symptoms of neck pain that radiated to the shoulder, arms, and upper back with numbness and tingling. Past medical history was negative. The diagnoses have included cervicalgia and lumbago; shoulder strain verses internal derangement. Treatments to date included medication and a soft lumbar brace. Medications included Cyclobenzaprine, and Tramadol. The treating physician's report (PR-2) from 12/17/14 indicated full range of motion to the cervical spine but pain with extension. Motor strength was 4/5 to the deltoids, sensory was intact, deep tendon reflexes were 1+ in the brachioradialis on the right, positive Spurling on the right. Lumbar exam was neurologically intact, diminished sensation to light touch and pinprick over the lateral border of the foot, lateral calf, medial calf, 1+ reflexes to the left and right Achilles tendons, negative straight leg raise; shoulder exam noted non tenderness at the AO joint, 175 degrees bilateral forward flexion and abduction, 90 degrees internal and external rotation. A request was made for a standard lumbar brace to provide support and alleviate pain. On 1/26/15, Utilization Review non-certified a Lumbar back brace, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines, American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, Low Back Complaints.

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 ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, lumbar supports.

Decision rationale: This patient presents with continued symptoms affecting the neck, bilateral shoulders and lower back. The low back pain radiates to the buttocks, hamstrings and calves. The patient has a date of injury of 8/28/14 and has diagnoses of Cervicalgia, lumbago and shoulder strain. The current request is for LUMBAR BACK BRACE. The treating physician is requesting a "standard lumbar brace for the patient to provided better support and alleviate his pain with walking." ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further 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)." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. The requested lumbar brace IS NOT medically necessary.