

Case Number:	CM15-0061311		
Date Assigned:	04/07/2015	Date of Injury:	04/24/2012
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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, Hawaii
 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 was a year 21 old male, who sustained an industrial injury, April 24, 2012. The injured worker previously received the following treatments heating pad, lumbar spine MRI, Gabapentin, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, physical therapy, Neurosurgery consultation, Toradol Injection, Norco, cane, heating pad, Gabapentin, Norco and Cyclobenzaprine. The injured worker was diagnosed with low back pain and bilateral leg radiculopathy, lumbar discogenic syndrome, lumbar sprain/strain, myofascial pain and lumbosacral or thoracic neuritis or radiculitis. According to progress note of February 25, 2015, the injured workers chief complaint was severe constant low back pain radiating down both legs with associated numbness and weakness radiating to left leg down to the left toes. The injured worker was only able to walk a half a block due to the pain. The pain was aggravated by bending, climbing stairs, pushing and pulling more than 10 pounds. The physical exam noted tenderness with palpation to the paraspinal muscles lumbar spine. The injured worker walks with a cane. The treatment plan included for a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Support.

Decision rationale: The patient presents with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for Lumbar Brace. The treating physician report dated 3/31/15 (238B) states: follow up visit for LSO. No further rationale was provided by the treating physician for the current request. The request for authorization form dated 3/31/15 (240B) notes that the LSO was for lumbosacral or thoracic neuritis, lumbar sprain/strain and myofascial pain. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding lumbar supports: 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). Under study for post-operative use; see Back brace, post operative (fusion). Among home care, workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. The guidelines do not recommend lumbar supports for the prevention of low back pain. In this case, the treating physician does not discuss if the brace is to be used for the prevention or treatment of the patient's low back pain. It is unclear if the patient has previously used a lumbar brace, and if so, there is no documentation of its efficacy in providing relief of the patient's symptoms. There is no documentation in the medical reports provided, that the patient suffers from compression fractures, spondylolisthesis or instability. There is an electro diagnostic report that states radiculopathy but closer review of the report shows only an absent H-wave that is not diagnostic for radiculopathy. There is no specific pain generator identified for the IW's back pain and therefore qualifies as nonspecific back pain. The request is medically necessary and recommendation is for authorization.