

Case Number:	CM15-0064479		
Date Assigned:	04/10/2015	Date of Injury:	05/31/2009
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on March 31, 2009. She reported low back pain. The injured worker was diagnosed as having post-laminectomy syndrome lumbar region, musculoskeletal pain, muscle spasm, and chronic pain due to trauma. Diagnostics to date has included an MRI of the lumbar spine. Treatment to date has included a home exercise program, cervical epidural steroid injection, pain medication, and muscle relaxant medication. On February 9, 2015, the injured worker complains of posterior neck pain into her bilateral shoulders down the arms to the hands. In addition, she complains of aching, burning, and catching low back pain into the bilateral legs to feet. She describes her pain as constant, ache, numb, and tingling. Associated symptoms include weakness, fatigue, irritability, and depression. Her pain is rated 5/10. Rest, medication, and procedures help her pain. The physical exam revealed an antalgic gait, mild decreased range of motion of the head/neck, lumbar spine tenderness and bilateral paravertebral muscle spasms and atrophy, and mild generalized weakness of the right upper extremity. The treatment plan includes continuing her current pain and muscle relaxant medications and to continue her home exercise program. The requested treatment is a lumbar-sacral orthosis (LSO) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) lumbosacral orthodic (LSO) brace, lumbar spine, for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic low back pain. When seen, physical examination findings included paraspinal muscle atrophy and decreased range of motion. There had been no new injury or recent surgery. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone recent surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity. In this case, further atrophy and weakening of the spinal muscles and a potential worsening of the spinal condition would be likely. The requested lumbar support was therefore not medically necessary.