

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0090025 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 11/25/1981 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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 64-year-old male, who sustained an industrial injury on 11/25/1981. The medical records submitted for this review did not include the details regarding the initial injury and prior treatments to date. Diagnoses include lumbar spine disc bulge with bilateral lower extremity sciatica. Most recently, treatments included Motrin, Norco, and requests for additional physical therapy. Currently, he complained of ongoing low back pain with numbness downright lower extremity. On 4/9/15, the physical examination documented muscle spasms in the lower lumbar region with tenderness and a positive bilateral straight leg raise test. Decreased lumbar range of motion was noted. There was decreased sensation in bilateral feet. The plan of care included a request for a rigid panel lumbar spine support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 13th Edition (web), Low Back Chapter, Lumbar Supports.

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 1981 and continues to be treated for chronic low back pain. When seen, he was having ongoing pain and muscle spasms with intermittent right lower extremity radicular symptoms. Prior treatments had included physical therapy would have been helpful. Physical examination findings included decreased range of motion with pain and muscle tenderness with spasms. Straight leg raising was positive bilaterally. A rigid lumbar support was requested. 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 recently undergone 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 with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.