

Case Number:	CM15-0099373		
Date Assigned:	06/01/2015	Date of Injury:	02/06/2009
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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 was a 68 year old male, who sustained an industrial injury, February 6, 2009. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities, Nortriptyline, Celebrex, pain intervention and lumbar spine MRI. The injured worker was diagnosed with multilevel disc protrusions lumbar spine, lumbar radicular pain, anxiety, depression, right sided radiculopathy of the right lower extremity, radiculitis of the left lower extremity, degenerative disc disease and lumbar back pain. According to progress note of March 6, 2015, the injured workers chief complaint was lumbar radicular pain which the injured worker rated 9 out of 10. The injured worker was having difficulty putting on shoes and getting into and out of the car. The pain was extreme, intermittent, sharp, radiating down the left and right leg, left greater than the right and worse with leaning forward, with some numbness and tingling. The injured worker had some improvement recently with a L5-S1 interlaminar epidural steroid injection. The physical exam noted decreased sensory pinprick left lateral lower extremity when compared to the right along the L5-S1 dermatome. The injured worker was standing due to unable to sit due to pain. There was decreased range of motion to the lumbar spine. There was tenderness to palpation along L4, L5, S1 spinous processes with ration down the bilateral legs. The straight leg raises positive bilaterally. The treatment plan included replacement back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of replacement back brace for lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Support.

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: According to the 04/17/2015 report, this patient presents with pain in his lower back with radicular symptoms and get pain relief with the back brace, however his current brace is worn out. The current request is for Purchase of replacement back brace for lumbar. MRI of the lumbar spine on 07/10/2014 show "Grade I retroilsthesis of L2 over L3." The request for authorization is not included in the file for review. The patient's work status is temporarily totally disabled until 05/17/2015. The ACOEM Guidelines page 301 on lumbar bracing states, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines regarding lumbar supports states not recommended for prevention, however, recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option). In this case, the treating physician documents that the patient has a "Grade 1 retroilsthesis of L2 over L3 noted" and the ODG guidelines do support back support for spondylolisthesis condition. Therefore, the current request IS medically necessary.