

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/8/2004
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003420

- 1) MAXIMUS Federal Services, Inc. has determined the request for DME: lumbar support brace **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for DME: lumbar support brace **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This 65 year old retired female clerk sustained a work related injury on 1/8/04. The mechanism of injury was not provided. She was diagnosed with a lumbar spine disc bulge with retrolisthesis.

No diagnostic test results were submitted. Conservative care has included physical therapy, a home exercise program, activity modification, anti-inflammatory medications, and narcotic analgesics.

On 6/26/13 visit with [REDACTED] (Orthopedic Surgery), the claimant complained of continued low back pain. On examination, the thoracolumbar spine had tenderness to palpation about the mid thoracic and lower lumbar region. Forward flexion was 60 degrees, extension was 20 degrees, and left and right lateral bending were 20 degrees. Range of motion was painful. Per [REDACTED], X-rays of the lumbar spine demonstrated retrolisthesis L4 on L5. The impression was lumbar spine disc bulge with retrolisthesis. The plan was to request authorization for a lumbar support brace, and to continue her home exercise program. She had work restrictions of no repetitive bending or lifting greater than 10 pounds.

(A lumbar support brace was originally ordered by [REDACTED] on the office visit of 11/30/12. She had presented on that date with right shoulder and bilateral knee complaints. There was no physician examination regarding the lumbar spine documented on that visit.)

Utilization Review on 7/19/13 by [REDACTED] (Pain Management) recommended non-certification of a lumbar support brace, as there was no documentation of compression fractures, specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant's condition did not meet the criteria for the use of this durable medical equipment.

Utilization Review on 12/15/12 by [REDACTED] recommended non-certification of a lumbar support brace, as he noted that lumbar supports are only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or postoperative treatment.

The physician has requested authorization for a lumbar support brace.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for DME: lumbar support brace:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) in Workers' Compensation-Lumbar supports, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, 18th Edition, Lumbar Supports, which is not a part of the MTUS.

Rationale for the Decision:

Not recommended for prevention. Recommended as an option for treatment. See below for indications.

Treatment: 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. (Kim, 2006) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment, found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (van Duijvenbode, 2008) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence), (McIntosh, 2011).

The request is for a lumbar support brace. A review of the records indicates that there is no documentation of a compression fracture. The employee's diagnosis is lumbar spine disease with a retrolisthesis. There is no indication for a lumbar support for chronic axial pain. **The request for DME: lumbar support brace is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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