

Case Number:	CM13-0020210		
Date Assigned:	06/06/2014	Date of Injury:	04/30/1998
Decision Date:	07/29/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of April 30, 1998. A utilization review determination dated August 1, 2013 recommends noncertification for a lumbar sacral orthosis. A progress report dated May 21, 2013 identifies subjective complaints of low back pain for over 15 years. The back pain appears to be growing worse and is rated as 8/10 with occasional radiation into his right lower extremity with numbness and weakness. The note indicates that the patient has not attempted physical therapy or injections for pain and uses ibuprofen. Objective examination findings indicate that the patient underwent lumbar spine x-rays identifying degenerative disc disease consistent with the patient's age, spondylosis, and multiformaminal narrowing. The diagnoses include lumbar spine stenosis, lumbar spine spondylosis, and degenerative disc disease of the lumbar spine. The treatment plan recommends an MRI of the lumbar spine. Additionally, the note states, "I will consider bracing with an LSO and referral" to a physical medicine and rehabilitation specialist if there are no surgical issues. An MRI of the lumbar spine identifies severe degenerative disc disease at L5-S1 with moderate degenerative disc disease at L4-L5. There is also a posterior lateral disc bulge at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCUGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON TH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for lumbosacral orthosis, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbosacral orthosis is not medically necessary.