MAXIMUS Federal Services

Case Number:	CM13-0022956		
Date Assigned:	11/15/2013	Date of Injury:	11/30/2012
Decision Date:	01/09/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 63 year old female with injury from 11/30/12, suffers from chronic low back pain. The request for lumbar brace was denied per UR letter from 8/9/13. The rational was that a clear rationale was not provided for the bracing. The 8/5/13 report by [redacted] shows diagnoses of neck sprain; other spec disorders shoulder; displacement lumbar disc w/o myeolopahty. Patient has 5/10 LBP constant with moving and ADL. 8/26/13 report states that neck is burning, severe HA, axial spine pain, facet joint problem. 9/23/13 report discusses neck pain. Patient purchased L/S support which helps her a lot. The 7/15/13 reports request cervical facet injections. 6/10/13 reports requests cervical MBB. The5/19/13 report is by [redacted] initial pain management. Dx: reports of syncopal episode at work, cervical sprain/strain, lumbar sprain/strain with history of L5-1 spondylolisthesis and degenerative spondylosis. The 4/15/13 report requests pain management consult. 2/22/13 initial chiropractic report is reviewed. Patient was temporarily totally disabled. The 7/19/13 comprehensive report is by [redacted], internal medicine. This report has dx of 1st degree spondylolisthesis but no description of an MRI. X-ray of L-spine describes spondylolithesis at L5-1 with congenital bifid spinous process at L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

Decision rationale: The California MTUS Guidelines does not discuss lumbar supports/bracing. The ACOEM Guidelines does not recommend its use. The Official Disability Guidelines (ODG) guidelines have a comprehensive discussion and states: 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). In this patient, while grade I spondylolisthesis is described and seen on X-rays, there is no evidence instability and the treating physician does not indicate that the bracing is to specifically address the listhesis. Based on the review of all the reports available, it does not appear that bracing is prescribed to treat or address the patient's spondylolisthesis but more for the patient's general low back pain. Although bracing for nonspecific LBP may be supported, there is very low-quality evidence. Furthermore, ACOEM guidelines do not support it. Recommendation is for a denial.