

Case Number:	CM13-0030372		
Date Assigned:	11/27/2013	Date of Injury:	11/02/2008
Decision Date:	01/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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:

The patient is a 52 year old female with date of injury of 11/02/2008. The patient has diagnoses of chronic pain syndrome, lumbosacral spondylolisthesis, anxiety and depression. The patient is status post lumbar fusion from L3 to S1 (2011). [REDACTED] report, dated 09/16/2013, states patient had another flare-up and was seen in the ER where Dilaudid was administered. The patient states her medications do not work anymore for her. She continues to have pain in her upper and lower back and into her left leg. [REDACTED] requests consult with pain management doctor and also replacement of lumbar support brace. The patient was also seen by [REDACTED] on 07/10/2013. The patient has complaints of back pain with continued loss of motion and radiating complaints. There is no atrophy, decreased reflexes or loss of sensation or motor power. The patient indicates she was recently seen in the ER for a flare up with increase in pain triggered by attempts at home exercises. She was given Demoral and nausea medication. It was noted that the patient periodically goes to the ED for Dilaudid injections to help manage break-through pain. Medications include Vicodin, Carisoprodol, Lidoderm patches, Imodium and alprazolam. [REDACTED] recommends weaning off Soma. The reports dated 06/28/2013 and 05/07/2013 document that patient continues to complain of back pain and left leg weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a replacement lumbar spine soft brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Supports.

Decision rationale: The patient has chronic severe upper and lower back pain that date back to her injury of 11/02/2008. The patient is post lumbar fusion L3 to S1 (2011). The provider has asked for a replacement soft lumbar brace. However, ACOEM guidelines, p.301 states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." On page 308, under Table 12-8, "corset for treatment" is not recommended. ODG guidelines have a more thorough discussion regarding lumbar supports. It is not indicated for prevention and for treatment, specific diagnoses are spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The ODG guidelines further state that the use of supports may appear to be helpful, as when there is pain; a support that reduces mobility may theoretically speed healing. However, numerous studies have shown a clear pattern that increasing activity levels reduces LBP (see Bed Rest, Aerobic Exercises). Thus, the theoretical construct for a beneficial use of lumbar supports for either treatment or prevention of LBP appears tenuous. Given the recommendation against lumbar supports in ACOEM and a very-low quality evidence for non-specific LBP in ODG guidelines, recommendation is for denial.

pain management evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient has chronic, severe upper and lower back pain that date back to her injury of 11/02/2008. The patient is post lumbar fusion L3 to S1 (2011). The patient has participated in conservative treatment with pain medication that has not adequately controlled her back pain, thus resulting in multiple ED visits. ACOEM Practice Guidelines, 2nd Edition (2004), page 127, states "health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Given the patient's clinical complexity and the problems associated with managing her pain, obtaining a specialty evaluation is consistent with guidelines. Recommendation is for approval.