

Case Number:	CM13-0046718		
Date Assigned:	12/27/2013	Date of Injury:	07/07/2008
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 30-year-old female who was injured on July 7 2008. The patient was injured when a coworker pushed her into a sink with a freezer. The patient continued to experience low back pain with radiation into right leg and pain in right ankle. MRI of the lumbar spine done on 12/22/12 showed posterolisthesis at L5-S1, disc herniation at L5-S1, and mild to moderate lateral spinal and neural foraminal stenosis. Diagnoses included cervical disc syndrome, lumbar disc syndrome, right lower extremity radiculitis, and right ankle sprain/strain. Treatment included medications, physical therapy, and epidural steroid injections. During the visit on March 18, 2013, there is documentation that the patient's back brace is wearing out and that she needs a new one. There is no comment on the purpose of the brace or its effectiveness. Request for authorization for lumbar back brace was submitted on September 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

one lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Thoracic & Lumbar, Lumbar Supports

Decision rationale: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. The evidence for treatment of low back pain is very low quality evidence. In this case the brace is documented as stability and support while minimizing the risk of further exacerbation. This is not consistent with active treatment but as a preventative measure. Lumbar supports are not recommended for prevention. There is also no documentation to stating the effectiveness of the lumbar spine brace in treating the patient. The lumbar spine brace is not recommended.