

Case Number:	CM13-0047316		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2007
Decision Date:	02/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 has date of injury of 11/1/2007. No mechanism of injury was provided in the records. The patient has diagnoses of spondylolisthesis grade 1, lumbar stenosis, low back pain, and degenerative lumbar disc. Multiple reports by [REDACTED] (orthopedics) and [REDACTED] (Orthopedics) were reviewed. The last available report is from 9/25/13. The patient complains of lower back pain with radiation down the right leg. Pain is described as frequent and moderate intensity. The patient has been approved for laminectomy and fusion of L4-5. Sitting, standing or walking is limited to 10minutes due to pain. Objective exam reveals pain with lateral bending to 10degrees and extension to 10-20degrees. Decreased light touch to L5 distribution. Motor strength is normal. There is no pain on palpation. MRI on 11/19/12 reveals moderate to severe spinal stenosis in L4-5 due to short pedicles and broad based disc bulge, ligamentum flavum hypertrophy, and facet arthropathy. Some degenerative changes noted to L3-4 and L5-S1 spaces. MRI of 11/5/13 reveals no significant changes. The patient has undergone physical therapy (unknown number), with relief during session but minimal overall improvement, and a series of lumbar epidural steroid injections (last recorded on 5/12) with improvement of only a few days. The review is for a lumbar sacral orthostasis back brace, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Orthosis back brace, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301-308.

Decision rationale: The request is for lumbar sacral orthosis back brace. There is no provided documentation to support its use for patient's current chronic back pain or for post-operative support. As per MTUS ACOEM guidelines, lumbar supports do not have any supporting evidence to support its use beyond symptomatic relief during the acute phase of injury. It is not recommended as per MTUS ACOEM guidelines.