

Case Number:	CM13-0047404		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2006
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
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 Physical Medicine & 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:

██████████ 10/07/2013 report lists the diagnoses of recurrent lumbar radiculopathy of right L5, right L4-L5, a 6-mm disk protrusion, S/P L4-L5 discectomy from 2007, and lumbar strain/sprain. The request was for a new lumbar back support brace and a new figure of 8 brace. The patient has lost a significant weight and the back brace provided to her no longer fits her and it is too loose without providing her adequate support. MRI report from 03/20/2013 showed hemilaminectomy at L4-L5, a 3 to 4-mm right side greater than left side posterior disk protrusion at L4-L5. A 3.5 mm right paracentral disk protrusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 9,340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding lumbar supports: (http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports)

Decision rationale: This patient presents with chronic low back and lower extremity pains. The patient suffers from postlaminectomy syndrome with prior laminectomy at L4-L5 in 2007. The patient's MRI of the lumbar spine 11/15/2013 showed disk protrusions at L4-L5 and L5-S1 with evidence of posterior hemilaminotomy at L4-L5. The disk protrusions measured 3 to 4 mm. The treating physician has requested lumbar support brace figure of 8, to be replaced as the patient had lost significant weight and the one that she is wearing does not provide adequate support. ACOEM Guidelines Page 301 states "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 also states "the use of back belts and lumbar support should be avoided because they have been shown to have little or no benefit thereby providing only a false sense of security." ODG Guidelines also states that it is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low quality evidence but may be a conservative option). Given the lack of support from ACOEM Guidelines and ODG Guidelines, recommendation for denial of the requested lumbar support/brace. ACOEM clearly does not recommend any bracing, ODG Guidelines discussed this as an option for nonspecific low back pain but it states that there is very low quality evidence for this. The review of the reports does not indicate whether the patient is working or not. ODG Guidelines does support use of lumbar supports to treat workers with recurrent low back pain which appeared to be cost effective. However, the treating physician does not provide documentation that the lumbar support is to be used for patient's work. Recommendation is for denial.

Figure-of-eight brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 301,340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) \ ODG-TWC guidelines has the following regarding lumbar supports: (http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports)

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