

Case Number:	CM13-0064231		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2013
Decision Date:	08/06/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in Pain 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 expert 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 50-year-old female who sustained a remote industrial injury on 05/25/13 diagnosed with lumbar disc displacement with myelopathy and sciatica. Mechanism of injury occurred while the patient was constantly lifting propane bottles and developed tightness and stiffness in her back. The most recent progress note provided is 10/30/13. The patient complains primarily of constant sharp pain in the lumbar spine that radiates into bilateral buttocks and thighs along with numbness into the legs. The patient also reports constant sharp pain in the thoracic spine that radiates to the cervical spine. The patient's activities of daily living are limited. The physical exam findings reveal +4 spasm and tenderness to the bilateral thoracic paraspinal muscles; +4 spasm and tenderness to the bilateral lumbar paraspinal muscles; +3 spasm and tenderness to the bilateral piriformis muscles; limited and painful range of motion of the lumbar spine; positive Kemp's, straight leg raise, Braggard's, and Yeoman's test bilaterally; decreased right Achilles reflex; and decreased sensation in the L5 and S1 dermatomes. The current medications are not listed. The treating physician requests a lumbosacral orthosis to support the lumbar spine and decrease pain, acupuncture, a pain management referral and a multi-interferential stimulator rental. Provided documents include several progress reports and requests for authorization. The patient's previous treatments include an epidural steroid injection, medications, acupuncture, and physical therapy. Imaging studies provided include an MRI of the lumbar spine, performed on 07/08/13. The impression of this MRI reveals mild disc desiccation and small anterolateral osteophytes at the L3-4, L4-5, and L5-S1 levels. An EMG/NCS of the bilateral lower extremities, performed on 08/21/13, is included and reveals right active L5 denervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support, Lumbosacral Orthosis (LSO) back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013: Low Back Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: According to ODG, lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment, and for treatment of nonspecific low back pain. In this case, provided documentation does not meet the specified criteria, as there is lacking evidence of fracture, recent fusion, or unstable spondylolisthesis. Rather, the treating physician notes that a support brace will help decrease pain and guidelines do not recommend the use of a lumbar support for preventative measures. As such, the medical necessity of a lumbar support is not established in the current clinical setting and non-certification of lumbar support brace is recommended. As such, the request is not medically necessary.