

Case Number:	CM14-0006714		
Date Assigned:	02/19/2014	Date of Injury:	11/17/2011
Decision Date:	07/17/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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 was injured after a slip and fall injury on 3/14/95. On 1/13/14, the patient is noted to be working full duty. She complains of moderate to severe pain, which she rates as an 8-9/10. She is taking NSAIDs for pain management. She had a prior lumbar epidural steroid injection that did not provide relief. Objective exam shows the patient is able to walk without any supportive device. Her gait is mildly antalgic due to the low back pain. She has decreased lumbar range of motion and positive bilateral Fabere's test. The provider stated that the plan is for an orthopedic surgery evaluation for the lumbar spine. The diagnostic impression is of status post bilateral carpal tunnel release, and cervical radiculopathy. Treatment to date has included bilateral carpal tunnel release, medication management, physical therapy, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE LSO BRACE FOR LUMBAR: Overturned

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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Braces.

Decision rationale: The California MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, the Official Disability Guidelines state that lumbar supports are not recommended for prevention as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain as a conservative option. However, the provider documents that the patient has had ongoing low back pain in multiple different notes, ranging from October of 2013 through January of 2014. The patient is currently working full-duty, and is only taking NSAIDs and Lidoderm patches for pain. She has had conservative management, including physical therapy and chiropractic care. Although the MTUS notes that lumbar supports have not been shown to have any lasting benefit beyond the acute phase, the Official Disability Guidelines state that they may be used for treatment of nonspecific low back pain as a conservative option. As such, the request is medically necessary.