

Case Number:	CM14-0101101		
Date Assigned:	07/30/2014	Date of Injury:	07/27/2011
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and Pain Management, 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 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:

The patient is a 50-year-old male with a date of injury of 07/27/2011. The listed diagnoses per [REDACTED] are Spondylolisthesis at L4-L5 and L5-S1; bilateral L5 pars defects; multilevel disk herniations of cervical spine with moderate to severe neural foraminal narrowing; and thoracic disk herniations at T1 to T4. According to progress report 04/25/2014, the patient presents with low back and neck pain. The patient reports worsening of his back pain and has difficulties with his activities due to the increase in pain. The patient is taking Norco 10/325 mg 6 tablets per day. The patient is also utilizing Terocin patches that helps with his pain and allow him to decrease his oral medications. Examination revealed decrease of range of motion in the lumbar spine on all planes. Straight leg raise provokes low back pain only. The treating physician is recommending the patient utilize a mesh back support for the lumbar spine. Utilization Review denied the request on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mesh back support XL-Lumbar spine.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' comp-Low back: back brace.

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) ODG-TWC guidelines has the following regarding lumbar supports:(http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports)Not recommended for prevention. Under study for treatment. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) There is some promise that a post-injury pneumatic lumbar vest (Orthotrac), which permits both support-stabilization and decompression, worn according to a precise protocol (60 minutes 3 times a day for 5 weeks), has the potential of providing significant symptomatic relief while retaining functionality. (Triano, 2003) (Dallolio, 2005).

Decision rationale: The patient presents with low back pain with intermittent bilateral lower extremity weakness to the feet and occasional numbness. The patient states he has difficulty sleeping at night due to his pain. ACOEM Guidelines regarding lumbar bracing states, state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) regarding lumbar supports states, state is not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low quality evidence, but maybe a conservative option). In this case, the patient has a diagnosis of spondylolisthesis at multiple levels of the lumbar spine. ODG recommends lumbar bracing as an option for specific treatment of spondylolisthesis. Therefore, the request for a mesh back support XI-lumbar spine is medically necessary and appropriate.