

Case Number:	CM14-0102439		
Date Assigned:	07/30/2014	Date of Injury:	10/09/1994
Decision Date:	09/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker as a stated date of injury of 10-9-1994. She is said to have chronic neck, mid and low back pain radiating into the lower extremities. Apparently she had low back surgery in 1998 but we are not told exactly what kind of surgery. Her physical exam reveals tenderness to palpation of the cervical, thoracic and lumbar spines and bilateral paraspinal tenderness. She has a positive straight leg raise sign on the left and diminished sensation in the L4-S1 dermatomes. An MRI scan of the low back from 2009 revealed multilevel disc disease at L4-S1 with multilevel compromise of the nerve roots. Electrodiagnostic testing from December 2012 revealed possible early radiculopathy versus local trauma. Recently she was started on Gabapentin for her radicular complaints and that seems to have helped. She was to continue her opioids and topical Lidocaine. Request is pending for transforaminal steroid injections of L4, L5 and S1. She is requesting replacement of a worn out lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back support: Overturned

Claims Administrator 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 (Acute & Chronic) Procedure Summary.

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 Section, Lumbar Supports.

Decision rationale: Lumbar supports are not recommended for prevention of back pain but are recommended as an option for treatment. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion). Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. An randomized controlled trial to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment, found an improvement in physical restoration compared to control and decreased pharmacologic consumption. Because the injured worker's back pain can be said to be from several sources including mechanical and neuropathic, a lumbar support is a reasonable, conservative treatment option and therefore medically necessary for the above guidelines.