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| Case Number: | CM14-0105490 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/06/2002 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/08/2014 |

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:

The claimant was injured on 12/06/02 when he fell. A thoracic lumbar sacral orthosis brace (TLSO) is under review. He is status post left shoulder arthroscopic surgery in September 2012, thoracic laminectomy for spinal cord stimulator placement, and repeat left shoulder arthroscopy in January 2014. He has left foot reflex sympathetic dystrophy. ██████████ recommended a TLSO brace for him to use periodically for more severe back pain episodes. A brace of this type had been helpful for him in the past. It was thought that it would help increase his activity level especially with regard to prolonged walking and standing. On 04/02/14, he reported doing much better after the spinal cord stimulator implant. He saw ██████████ on 04/23/14. He felt the stimulator had really helped the left foot RSD symptoms. He had progressive back pain and a flexed forward posture with difficulty standing erect. He had worn a lumbar corset that rubs against the stimulator and battery. He had made a brace from an aluminum backpack. He had difficulty obtaining the brace through his PTP. He was fitted with a lumbar TLSO brace which was comfortable and did not irritate the battery surgical site. It offered support. He saw ██████████ on 07/28/14. He had ongoing left foot and ankle pain that was still severe. He was on multiple medications. He was wearing an AFO and using a TENS unit. He had spinal cord stimulator placement on 03/20/14 and was still getting used to it. He had pain upon wakening in the morning. The TENS unit was working well. His thoracic region and low back were not specifically examined other than the incisions on the thoracic spine. His medication was being decreased over time. A grabber was ordered due to restrictions status post stimulator placement and a lumbar support was recommended because slight bending caused fluctuations in his pain coverage. This would only be used until his restrictions were lifted. However it was not authorized. He saw ██████████ on 05/28/14. He was able to reduce his morphine medication approximately 50% since the spinal cord stimulator implant was done. He had restricted range

of motion of the low back with difficulty walking and changing positions. There was guarding and muscle spasm. Physical therapy was ordered. On 07/14/14, he saw [REDACTED] for left shoulder pain. His low back was not specifically addressed. There is no mention of a low back problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic lumbar sacral orthosis brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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: The history and documentation do not objectively support the request for a TLSO brace. The ODG state lumbar supports are "not recommended for prevention. Recommended as an option for treatment. Prevention: Not recommended for prevention. 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) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) 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. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. (Kim, 2006) An RCT 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. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (van Duijvenbode, 2008) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low

back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). (McIntosh, 2011)"In this case, the specific indication for this lumbar support appears to be to control his pain. However, he has a spinal cord stimulator that has been helpful and also uses TENS. The ODG do not recommend the use of lumbar supports for prevention and there is no evidence that it is specifically being used for treatment as there is no diagnosis of "compression fractures and specific treatment of spondylolisthesis, documented instability." It may be indicated "for treatment of nonspecific LBP" but this is based on "very low-quality evidence." It is not clear whether the claimant is involved in an ongoing exercise program or has failed trials of ice or heat as local modalities and stretching for treatment of low back pain and spasm. The medical necessity of this request has not been clearly demonstrated.