

Case Number:	CM14-0105745		
Date Assigned:	07/30/2014	Date of Injury:	02/20/2009
Decision Date:	10/23/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 injured worker is a 61-year-old male who sustained an injury on 2/20/09. As per the 4/21/14 clinic note he complained of low back pain, rated at a 7/10, that radiated into the lower extremities and heels of both feet, rated at 9-10/10. He also complained of constant pain in the lower extremities with giving way and occasional popping and clicking in the knees. He reported stiffness in his trunk with burning sensation and difficulty moving side to side. On exam, he had tenderness to palpation about the lumbar paravertebral muscles, mild spasm in the lower quadratus lumborum muscle. He had difficulty with walking on heels and toes. He was unable to perform a full squat due to pain and balance issues. X-rays from 4/21/14 revealed straightening of the lumbar lordosis, which may be positional or reflect an element of myospasm; grade I 20-25% anterior wedge; compression deformity of L2; degenerative marginal osteophytes off the right lateral and left lateral and superior and inferior endplates of L2-4, degenerative marginal osteophytes off the anterior superior and inferior endplates of L2-4. He is status post lumbar laminotomy, foraminotomy, partial fasciectomy at L4-5 and L5-S1, microdiscectomy at L4-5 and L5-S1 with epidural injection on 9/9/11. His medications include Cyclobenzaprine, Ketoprofen, Lidocaine cream, and Naproxen. Other therapies he had were physical therapy and acupuncture without any improvements but this was before the lumbar surgery; post-surgery physical therapy did help the patient. Diagnoses: Status post L4-5 laminectomy discectomy with residual pain and bilateral lower extremity radiculopathies. The request for lumbar brace was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 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

Decision rationale: Per the ODG, Lumbar supports are not recommended for prevention. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this case, the above criteria are not met and thus the request is not medically necessary per guidelines.