

Case Number:	CM14-0010162		
Date Assigned:	02/21/2014	Date of Injury:	10/08/2010
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 Physician 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 48 year old male who sustained an injury on 10/08/2010 when he was involved in a motor vehicle accident. Prior treatment history has included left L3-4 SNRB on 08/09/2011 and 02/22/2013. EMG study of the bilateral lower extremities dated 09/05/2012 show bilateral, right greater than left, first sacral nerve roots, to a lesser extent, the bilateral fifth lumbar nerve roots. MRI of the lumbosacral spine dated 06/07/2012 shows severe lateral recess and foraminal stenosis at L3-S1, and moderate central stenosis at L3-S1. Orthopedic spine clinic note dated 12/06/2013 states the patient presents with severe right flank, buttocks and lateral thigh pain which he rates at 9/10. He is taking Percocet, Flector, Methadone, and Motrin. On examination of the lumbar spine and lower extremities, he has a mildly antalgic gait. There is tenderness of the right paravertebral muscles and across the buttocks mostly on the right. There is decreased sensation over the right L4 and L5 dermatome distribution. The range of motion exhibits flexion to 60; extension to 4; left lateral bend to 20; and right lateral bend to 16. Straight leg raise test is negative bilaterally. The patient is diagnosed with severe foraminal stenosis L3-S1 and moderate central L3-S1 stenosis; right leg radiculopathy, confirmed by EMG as well as selective nerve root blocks; and narcotic dependence with significant side effects. Prior UR dated 01/02/2014 states the request for a lumbar orthotic brace is not certified as the patient has lumbar degenerative disc disease and this is not supported by ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR ORTHOTIC BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308, Chronic Pain Treatment Guidelines Page(s): 301, 308.

Decision rationale: As per ACOEM and ODG guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Corsets are not recommended for treatment, but optional method in prevention. As per ODG guidelines, lumbar support is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. The medical records do not indicate to compression fractures or vertebral instability. Therefore, the medical necessity of the Lumbar Orthotic Brace has not been established according to the guidelines. The request is non-certified.