MAXIMUS Federal Services

Case Number:	CM14-0141353		
Date Assigned:	09/10/2014	Date of Injury:	05/15/2012
Decision Date:	11/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, 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 44 year-old female with the date of injury of 05/15/2012. The patient presents with pain in her lower back, radiating down her legs bilaterally with tingling or numbing sensations. She presents limited range of lumbar motion. Her lumbar flexion is 70 degrees, extension is 10 degrees and bending is 45 degrees. There is tenderness over paravertebral area L5-S1 level bilaterally. Exam reveals positive straight leg raise and decreased strength of the extensor muscles and flexor muscles in bilateral lower extremities. Currently she is not working. According to [redacted] report on 06/02/2014, diagnostic impressions are: 1) Cervical radiculitis2) Chronic pain other3) Lumbar facet arthropathy 4) Lumbar radiculitis 5) Lumbar spinal stenosis The utilization review determination being challenged is dated on 08/01/2014. [redacted] is the requesting provider, and he provided treatment reports from 12/31/2013 to 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar supports, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter

Decision rationale: The patient presents with pain and weakness in her lower back and legs. The request is for lumbar support for purchase. MRI of the lumbar spine from 12/11/2013 reveals 1) at L5-S1, there is grade 1 spondylolisthesis with a small diffuse disc bulge and moderate facet hypertrophy causing mild neural foraminal stenosis bilaterally 2) there is no spinal stenosis at any level of the lumbar spine. The utilization review letter on 08/01/2014 indicates that the patient had a lumbar epidural steroid injection which reduced her pain down to 4/10 on the pain scale. ODG guidelines do not recommend back support as an option for prevention. Back supports are recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (low back pain) (very low-quality evidence, but may be a conservative option). In this case, none of the treating physician's reports provide information about this request. None of the reports discuss why a lumbar support is needed at this point, and what it is to be used for. While there is spondylolisthesis, there is no documentation of instability or other issues. For non-specific LBP, only low-grade evidence is provided in ODG. ACOEM does not support lumbar bracing. The request is not medically necessary.