

Case Number:	CM14-0158169		
Date Assigned:	10/01/2014	Date of Injury:	02/13/2013
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 New Jersey. 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 44-year-old female who was injured on 2/13/2013 after slipping and falling. She was diagnosed with low back pain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. She was treated with epidural injection (7/21/14), physical therapy, medications, and chiropractor treatments. On 8/5/14, the worker was seen by her pain specialist for a follow-up visit; she was complaining of her chronic low back pain rated at 4-5/10 on the pain scale. She reported feeling about 50% better since her lumbar epidural injection a couple weeks prior. She reported not taking her pain medication and could walk and stand for longer periods of time than previously. Physical examination was significant for tenderness of the lumbosacral area with muscle spasm, positive straight leg raise, positive Kemp's test, positive Farfan test, and decreased range of motion of the lumbar spine. She was then recommended a second epidural injection in the lumbar area and a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthosis/brace for home use: Upheld

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

MAXIMUS 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 section, Lumbar supports

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, there was no evidence of her having had a recent acute flare-up of her chronic low back pain, which she has been dealing with for more than one year, that might justify a short use of a lumbar brace. Also, there was no evidence that suggested she was to undergo surgery. On the contrary, she had significant relief from the recent epidural steroid injection and was becoming more mobile due to this. Therefore, the lumbosacral orthosis/brace is not appropriate or medically necessary in this case.