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| Case Number: | CM14-0159001 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 08/09/2011 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Internal 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 injured worker is a 63-year-old man with a date of injury of August 9, 2011. The mechanism of injury was not documented in the medical record. According to the Primary Treating Physician's Report (PR-2) dated July 23, 2014, the IW continued to complain of back pain, leg pain, numbness, stiffness, and depression. Physical examination of the lumbar spine revealed a flexion of 45 degrees and extension of 15 degrees. The IW had positive straight leg raise at 60 degrees. There was some decreased of sensation laterally. The reflexes and motor power were normal. He favors the left leg. The IW was diagnosed with lumbar strain with radiculopathy on the left, and depression. The physician's treatment plan included a prescription of medication for Celebrex, and Elavil, and continuation of a back brace. The reason given for the request was made to protect and stabilize the joint and limit the range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sacral orthosis for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14), 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; Lumbar Support

Decision rationale: Pursuant to the Official Disability Guidelines, lumbar supports are not medically necessary. The guidelines state lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain. However, for nonspecific low back pain there is very low-quality evidence but this may be a conservative option. Evidence is weak (very low-quality evidence) in treatment of nonspecific low back pain with a lumbar support. In this case, the injured worker was diagnosed with lumbar strain with radiculopathy on the left and depression. As noted above lumbar supports for the treatment of nonspecific low back pain is not supported other than very low-quality evidence to support the treatment of low back pain. Additionally, the ACOEM guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is not in the acute phase. Based on the clinical evidence medical record and the peer-reviewed evidence-based guidelines, the lumbar orthosis (support) is not medically necessary.