

Case Number:	CM14-0165418		
Date Assigned:	10/09/2014	Date of Injury:	12/31/2006
Decision Date:	11/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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 claimant injured his low back on 12/31/06. A lumbar corset is under review. On 09/26/13, the claimant had a permanent and stationary evaluation. He had multiple diagnoses involving his neck and back. He was diagnosed with anterolisthesis at L5-S1 level and marked degenerative changes of the low back. He is status post decompressive lumbar laminectomy at levels L5 and S1 in 2009 and has chronic L4-S1 radiculopathy. He had a fusion. He received an impairment rating. He had pain with guarding and spasm in the low back and also had tenderness. He had an antalgic gait and was using a back brace. He reportedly had a thoracic muscle tear. X-rays dated 06/22/12 revealed 1 cm anterolisthesis of L5 on L on S1. There were arthritic changes of the facet joints at L5-S1 and some osteopenia. A CT scan of the lumbar spine on 06/22/12 revealed degenerative changes at multiple levels and demonstrated a decrease in the disc space height at L4-5 with a posterior disc protrusion with encroachment on the thecal sac and foramina. There was compromise of the traversing and exiting nerve roots bilaterally and arthritic changes of the facet joints. There was an anterior disc protrusion with encroachment on the anterior longitudinal ligament. There was also a former right pars defect. At L5-S1, there was compromise on the traversing and exiting nerve roots bilaterally and severe hypertrophic arthritic changes. There is a note that states on 04/28/14, he was advised that he needed to have the thoracic tear repaired. He had limited range of motion of the low back. He admitted to weight gain. On 06/02/14, he reported ongoing pain and was frustrated. He was able to transfer and ambulate without using any NSAIDs at that the equipment. He was to be evaluated by a surgeon. Trigger point injections were recommended. He was prescribed medications. There is no mention of a lumbar support. On 08/13/14 and again on 09/03/14, a lumbar corset was ordered. He has had ongoing tenderness. No instability has been described and there is no history of recent or pending surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back- Lumbar and Thoracic (Acute and Chronic) Chapter, Back Braces/ 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 supports

Decision rationale: The history and documentation do not objectively support the request for a lumbar corset. The MTUS do not address lumbar braces for chronic pain and the ODG state lumbar supports are "not recommended for prevention. Recommended as an option for treatment. Prevention: There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. (Kim, 2006) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (van Duijvenbode, 2008) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). (McIntosh, 2011)." Lumbar supports are not recommended for prevention but may be indicated as specific treatment. In this case, however, there is no evidence of instability or recent or

pending surgery. There is no history of compression fractures or any indication for specific treatment of spondylolisthesis, documented instability, or for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." No specific objective evidence of a need for a lumbar corset has been submitted. The medical necessity of this request for a lumbar corset has not been clearly demonstrated.