MAXIMUS Federal Services

Case Number:	CM14-0170233		
Date Assigned:	10/20/2014	Date of Injury:	10/02/2001
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Allergy and Immunology and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 10/02/2001 due to lifting and moving heavy boxes. Her diagnoses include low back pain with radicular symptoms to the lower extremities, status post L4-S1 fusion, failed back surgery syndrome, and a history of significant allergic reaction to steroid injections. Her past treatments included a solar care unit, physical therapy, acupuncture, a lumbar support brace, medication, and surgery. On 09/11/2014, the injured worker complained of constant ankle and foot pain rated 4-8/10 with sporadic flares and lumbar spine pain with spasms radiating to the bilateral lower extremities to the toes, which increased with prolonged sitting. The physical exam was noted to have no changes since the last visit on 08/13/2014, which indicated the injured worker had difficulty rising from sitting with stiffness in the lumbar spine. The injured worker was noted to be taking Ibuprofen 800 mg daily, Flexeril 10 mg at night, Prilosec 40 mg daily, Cymbalta 60 mg daily, Lyrica 25 mg in the morning and 50 mg at night, Bethanechol for dry mouth, and Verapamil without a dosage or frequency as of 07/29/2014. Her treatment plan included a request for an orthopedic consult, a request for psychological clearance for a spinal cord stimulator, a lumbar support brace, a 4 wheel walker with seat and hand brace, orthotics, and return to work with modified activities. A request was received for a LSO brace. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th edition (web) 2014, Low Back Pain Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for a LSO brace is not medically necessary. According to the California MTUS/ACOEM Guidelines, a lumbar support (corset) is not recommended for the treatment of low back disorders. The guidelines also state that lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. The injured worker was noted to have chronic low back pain and to have been using a lumbar support brace since at least 04/2014. The injured worker indicated some pain relief with the current lumbar support brace, however, the documentation failed to provide evidence of objective functional improvement with the use of the support brace. Based on the lumbar support being not recommended for treatment of low back disorders and the lack of evidence showing lasting benefit beyond the acute phase of symptom relief, the request is not supported by the guidelines. As such, the request for LSO brace is not medically necessary.