MAXIMUS Federal Services

Case Number:	CM14-0177111		
Date Assigned:	10/30/2014	Date of Injury:	11/07/1997
Decision Date:	12/11/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 patient is a 63-year-old male who has submitted a claim for lumbosacral spondylosis without myelopathy associated with an industrial injury date of 11/7/1997. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent low back pain despite a sequence of operations to the lumbar spine. Pain radiated to the right foot. Physical examination of the lumbar spine revealed a longitudinal vertical midline surgical scar. Range of motion was 45 degrees towards flexion and extension of zero degree. Straight leg raise test bilaterally caused low back pain without sciatic stretch signs present. Motor strength and sensory exams were intact. He was unable to perform heel stand without falling backwards. X-rays of the lumbar spine, dated 4/8/2014, revealed solid fusion from L3 to S1, retained pedicle screws at L3-L4, titanium interbody cage at the L4, and disc degeneration to a slight degree above the fusion at L2 to L3. MRI of the lumbar spine, dated February 2013, demonstrated moderate spinal stenosis at L2 and L3, and unchanged anteroposterior diameter thecal sac of 5-mm. There was mild to moderate bilateral inferior neural foramina compromise. Postsurgical changes were seen at pedicular screws compromising visualization of the neural foramina at L3 to L4 without gross abnormality observed. There was interbody fusion at L4 to L5 and L5 to S1. Treatment to date has included lumbar surgery, bone growth stimulator, chiropractic care, acupuncture, steroid injections, physical therapy, and medications. Utilization review from 10/24/2014 denied the request for 1 purchase of aspen horizon LSO lumbar brace as an outpatient for low back pain because of lack of documentation or rationale for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of aspen horizon LSO lumbar brace as an outpatient for low back pain: Upheld

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

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), Lumbar Section, Lumbar Support

Decision rationale: As stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines recommend lumbar supports as an option for compression fractures and specific treatment for spondylolisthesis and documented instability. In this case, patient complained of persistent low back pain despite a sequence of operations to the lumbar spine. Pain radiated to the right foot. Physical examination of the lumbar spine revealed a longitudinal vertical midline surgical scar. Range of motion was 45 degrees towards flexion and extension of zero degree. Straight leg raise test bilaterally caused low back pain without sciatic stretch signs present. Motor strength and sensory exams were intact. He was unable to perform heel stand without falling backwards. X-rays of the lumbar spine, dated 4/8/2014, revealed solid fusion from L3 to S1, retained pedicle screws at L3-L4, titanium interbody cage at the L4, and disc degeneration to a slight degree above the fusion at L2 to L3. MRI of the lumbar spine, dated February 2013, demonstrated moderate spinal stenosis at L2 and L3, and unchanged anteroposterior diameter thecal sac of 5-mm. There was mild to moderate bilateral inferior neural foramina compromise. Postsurgical changes were seen at pedicular screws compromising visualization of the neural foramina at L3 to L4 without gross abnormality observed. There was interbody fusion at L4 to L5 and L5 to S1. However, patient was outside the initial acute phase of injury to recommend a back brace, thus, not supported by the guidelines. Moreover, there was no lumbar instability noted on radiographic imaging. There was also no documented rationale for prescribing this type of brace. Lastly, the most recent progress report available for review was dated 4/8/2014. The current clinical and functional status of the patient is unknown. Therefore, the request for 1 purchase of aspen horizon LSO lumbar brace as an outpatient for low back pain is not medically necessary.