

Case Number:	CM14-0186119		
Date Assigned:	11/14/2014	Date of Injury:	07/18/2000
Decision Date:	12/22/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 42-year-old male with date of injury of 07/18/2000. According to progress report 03/26/2014, the patient presents with constant left and right low back pain, and right and left buttock pain. Patient reports constant numbness, tingling, and paresthesia of the left leg, which radiates into the sole of the left foot and great toe. Patient is status post low back surgery from 1992. Treating physician states the patient has difficulty getting in and out of a chair; getting into or off the floor; negotiating slants, grades, and uneven surfaces. His sleep is greatly disturbed due to pain. Examination revealed right and left paralumbar musculature tenderness and guarding on palpation. Straight leg raise was positive on the left at 70 degrees. MRI of the lumbar spine from 06/30/2014 demonstrated mild narrowing, 4-mm disk bulge, moderate central canal stenosis, and moderate neuroforaminal narrowing at L5-S1. This is a request for lumbar orthosis. Utilization review denied the request on 10/07/2014. Medical file provided for review includes treatment report from 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Lumbar Supports.

Decision rationale: This patient presents with chronic low back pain, and is status post anterior posterior lumbar spinal fusion from 09/07/2012. The treating physician is requesting a lumbar orthosis. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "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)." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. Therefore, the request is not medically necessary.