

Case Number:	CM14-0026395		
Date Assigned:	06/13/2014	Date of Injury:	12/14/2007
Decision Date:	07/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 30-year-old male with a work injury dated 12/14/07. His diagnoses include a right paracentral protrusion L4-5 and LS-S1 with S1 nerve root involvement and an annular tear L4-5. Under consideration is retrospective request for the purchase of LSO Sag-Coro Rigid Frame for the low back on 12/19/13. There is a 12/19/13 primary treating physician progress report that states that the patient has low back pain with increasing lower extremity symptoms. The patient inquires about lumbar decompression. He wants to avoid a fusion or disc replacement. The patient also inquires about an LSO (lumbar sacral orthoses) as his LSO no longer fastens. LSO does facilitate improved tolerance to standing and walking and maintenance of activities of daily living (ADLs). The medication does help. He denies side effects. On physical examination the lumbar range of motion percent of normal is : Flexion 50, extension 40, left and right lateral tilt 50, left rotation 40. Lower extremity neurologic evaluation essentially unchanged. Straight leg raise positive. The treatment plan includes a request for an electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral lower extremities (BLE), continue chiropractic care, and a new LSO as his old one no longer fastens. The document states that this LSO did facilitate improved tolerance to standing and walking and maintenance of ADLs. A 10/31/13 lumbar magnetic resonance imaging (MRI) stated that there is interim development of a small right paracentral/foraminal annular tear with an unchanged small protrusion at L5-S1 there may be mild right lateral recess encroachment with mild impingement of the descending right S1 nerve root. 2. Unchanged bulge and protrusion at L4-5 and mild facet degenerative change with resultant mild central canal narrowing. No evidence for progressive protrusion/extrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PURCHASE OF LSO SAG-CORO RIGID FRAME FOR THE LOW BACK ON 12/19/13: Upheld

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

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: A retrospective request for the purchase of lumbar-sacral orthosis (LSO), sagittal control, with rigid -frame for the low back on 12/19/13 is not medically necessary per the Official Disability Guidelines (ODG). The MTUS does not specifically address this issue. The ODG low back chapter states that lumbar supports are not recommended for prevention. They are recommended as an option for treatment. The ODG states that 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 (LBP) (very low-quality evidence, but may be a conservative option). For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain and at improving functional capacity) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the ODG states that this evidence was weak (very low-quality evidence). The documentation states that the patient needs a replacement of his lumbar brace. The documentation is not clear on why the patient requires a LSO Sag-Coro Rigid Frame for the low back . There is no documentation of instability, compression fracture or spondylolisthesis. The retrospective request for the purchase of lumbar-sacral orthosis (LSO), sagittal control, with rigid -frame for the low back on 12/19/13 is not medically necessary.