

Case Number:	CM14-0026467		
Date Assigned:	06/13/2014	Date of Injury:	03/15/2001
Decision Date:	08/07/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery 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 injured worker is a 64-year-old male who works as an engineer and was injured on March 15, 2001, while lifting a 30-pound object. The records available for review suggest that the injured worker underwent a prior lumbar fusion; however, the surgery date, type and extent of fusion, and intra-operative findings were not provided. The injured worker's current working diagnoses are status post lumbar fusion with Grade I retrolisthesis at level L3-4 and thoracic degenerative disc disease and strain. The report of an MRI of the thoracic spine, performed on July 31, 2013, showed various abnormalities at the T5 to T9 levels. These include a central focal disc protrusion that abuts the thecal sac, hemangioma and Schmorl's nodes. The report of a lumbar MRI, performed on the same day, showed discectomies with interbody fusion at the L4-5 and L5-1 levels and decompressive laminectomies, posterolateral fixation and with transpedicular screws at L4-S1. Abnormalities at other levels were noted, including disc protrusions, neuroforaminal narrowing and impingement. Electromyography (EMG)/nerve conduction velocity (NCV) studies dated February 18, 2014, showed findings suggestive of bilateral peroneal partial palsy and bilateral, chronic, active radiculopathy at the L4-5 level, greater on the right than on left. At a February 19, 2014, follow-up visit, the injured worker reported severe low back pain and stated that, upon waking up from sleep, he could not move. Severe right leg pain was described. Examination of the lumbar spine revealed straight leg raise positive on the left to 60 degrees, paraspinal muscle spasm and positive antalgic gait. Muscular strength of the lower extremity was noted to be 5/5 strength to the bilateral lower extremities but in a separate part of the report it was noted that the injured worker had decreased motor strength in the left lower extremity at 4/5 at the L5-S1 distribution. This request is for a custom lumbosacral orthosis brace to address anterior abdominal deformities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM LUMBOSACRAL ORTHOSIS BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Low Back chapter - Lumbar Supports.

Decision rationale: ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to the ODG Guidelines, there is very little medical literature supporting the use of lumbar supports for the management of chronic pain. According to the reviewed records, the lumbar brace is being requested for management of abdominal deformities. However, the records do not present objective findings of abdominal abnormalities or provide a rationale as to how bracing would improve the musculoskeletal care of the injured worker. Due to absent documentation of an acute clinical presentation, or a rationale for the need for bracing, the request is not medically necessary.