

Case Number:	CM14-0030311		
Date Assigned:	04/09/2014	Date of Injury:	08/28/2002
Decision Date:	05/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 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:

This patient sustained an industrial injury on 8/28/02 when he stepped on a ball bearing, his left knee popped, and he fell forward. He underwent two left knee arthroscopic surgeries in 2003 and 2004. The 7/20/07 lumbar MRI documented multilevel disc bulging, most prominent at L4/5 with lateral recess stenosis and moderate to severe ligamentum flavum hypertrophy. There was moderate to severe foraminal narrowing on the right at L4/5 and L5/S1 with no neural impingement demonstrated. Conservative treatment for the lumbar spine included lumbar epidural steroid injections, anti-inflammatory medications, analgesics, and activity modification. X-rays of the lumbar spine taken 9/9/13 revealed multilevel endplate spondylosis and degenerative disc disease with disc space narrowing. The 12/16/13 progress report cited low back and left knee pain with leg weakness. Objective findings documented decreased lumbar spine range of motion, lumbar tenderness and muscle spasms, decreased L5 sensation, and MRI findings of severe L4/5 stenosis. The treatment plan recommended an L4/5 epidural steroid injection and dispensed an LSO brace. Work status indicates that the patient is permanent and stationary; there is no indication that the patient is working. The 1/10/14 utilization review denied the request for an LSO brace based on an absence of guideline support for the use of lumbar supports beyond the acute phase of symptom relief. The 1/13/14 progress report noted grade 8/10 lower back pain with decreased lumbar range of motion with tenderness and spasms, and decreased left L5/S1 sensation. There was no specific physician response to this appeal noted in the records.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: Under consideration is a request for an LSO brace. The California MTUS guidelines do not provide recommendations for the use of lumbar supports in the treatment of chronic low back pain. The ACOEM Revised Low Back Guidelines do not recommend the use of lumbar supports for the treatment of lower back pain. Guidelines indicate that lumbar supports may be useful for the specific treatment of spondylolisthesis, documented instability, or for post-operative treatment. Guideline criteria have not been met. There is no evidence that this patient has been diagnosed with spondylolisthesis or has lumbar instability. There is no compelling reason to support the medical necessity of a lumbar support for this patient beyond guideline recommendations. Therefore, this request for an LSO brace is not medically necessary and appropriate.