

Case Number:	CM14-0037102		
Date Assigned:	06/25/2014	Date of Injury:	07/01/1998
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 was injured on 07/01/1998. The mechanism of injury is unknown. Follow up note dated 02/11/2013 states the patient complained of low back pain rated as 4/10 radiating down to the left lower extremity. He has increasing numbness of the left foot and states he has been unable to toe lift. On exam, his lumbar range of motion is 25-50% of normal. There is tenderness to palpation of the midline lumbar spine, paraspinal muscles, or SI joints bilaterally. His strength is 1/5 in the left EHL. His sensation is decreased to light touch in the left dorsal foot and anterior shin. Straight leg raise is negative bilaterally. Assessment is idiopathic right thoracolumbar scoliosis with superimposed degenerative changes and lumbar spondylosis; intermittent right L5 radiculopathy secondary to spinal stenosis; History of central disc protrusion at L4-5 contributing to lateral recess spinal stenosis at L4-L5; and diffuse lumbar/lumbosacral spinal stenosis. The plan included a CT myelogram to evaluate if his foot drop is coming from his spine. A prior utilization review dated 02/27/2014 states the request for Lumbar sacrum brace, QTY: 4 was not authorized as lumbar supports have not been shown to have any lasting relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sacrum brace, QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar supports.

Decision rationale: According to MTUS guidelines, lumbar supports have not shown lasting benefit beyond the acute injury phase. According to ODG guidelines, lumbar supports are not recommended for prevention. They are recommended as an option for treatment of compression fractures, spondylolisthesis, lumbar instability, and nonspecific low back pain, though the supporting evidence for the latter is very low quality. This is a request for a lumbar sacrum brace x4 for a 63 year old male with injury date 7/1/98 with chronic low back pain and status post lumbar fusion in 2004, lumbar DJD/DDD, and left peroneal neuropathy. However, there is no documentation of acute exacerbation. There is no rationale provided discussing medical necessity or the need for 4 braces. There is no documentation of spondylolisthesis, fracture, or instability. Therefore, medical necessity is not established.