

Case Number:	CM14-0054913		
Date Assigned:	07/07/2014	Date of Injury:	05/15/2011
Decision Date:	09/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Preventative Medicine, has a subspecialty 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 48-year-old employee with date of injury of 5/15/2011. Medical records indicate the patient is undergoing treatment for sprain of lumbar and sprain of lumbosacral (joint) (ligament). She has an annular tear at L2-L3, multiple spinal disc protrusions and she is status post shoulder repair. Subjective complaints include continued left foot pain, bilateral knee pain and low back pain radiating down to the lower extremities. Her left shoulder pain increases with work or any activities at or above shoulder level. Objective findings include tenderness over lumbar spine and bilateral paraspinals. She has positive left straight leg raise at 65-70 degrees. An MRI of the lumbar spine (12/14/2011) demonstrated a 3 mm right paracentral protrusion at L2-L3, a bulge at L3-L4, mild central canal compromise at L4-L5, and a tiny protrusion at L5-S1. Treatment has consisted of physical therapy, TENS unit, request for a psychologist and neurologist (for headaches, not mentioned in subjective complaints), pain management consult and LSO Lumbar Brace. The utilization review determination was rendered on 4/1/2014 recommending non-certification of Durable Medical Equipment - LSO Lumbar Brace Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment - LSO Lumbar Brace Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: ACOEM Guidelines states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The Official Disability Guidelines (ODG) states, "Not recommended for prevention. Recommended as an option for treatment. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008)". The ODG states for use as a "Treatment: 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 is well beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis, compression fracture or documented instability. As such, the request for the LSO Lumbar Brace Purchase is not medically necessary.