

Case Number:	CM14-0054921		
Date Assigned:	07/07/2014	Date of Injury:	10/05/2001
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
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 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 58-year-old male who has submitted a claim for lumbago associated with an industrial injury date of 10/05/2001. Medical records from 11/07/2012 to 04/09/2014 were reviewed and showed that patient complained of low back pain (grade not specified) which radiated down the right leg. Physical examination revealed diffuse tenderness over the lumbar area. SLR test was negative bilaterally. DTRs were intact throughout the lower extremities. MRI dated 11/26/2013 revealed bilateral hypertrophic facet degenerative changes L4-5 and minimal disc bulge at L2-3 and L4-5 level. EMG/NCV study of bilateral lower extremities dated 11/12/2013 revealed mild acute L5 radiculopathy on the right. Treatment to date has included lumbar epidural steroid injections x 3(2004), back brace, cold therapy, physical therapy, and pain medications. Utilization Review dated 04/09/2014 denied the request for lumbar orthotic, sagittal control, with rigid anterior/posterior because there was indication of medical necessity provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar orthotic, sagittal control, with rigid anterior/posterior: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines Page(s): 298-301.

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 Supports.

Decision rationale: CA MTUS does not specifically address this topic. The Official Disability Guidelines (ODG) was used. ODG states that "lumbar support is not recommended for prevention of back pain." A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the request was made for a lumbar orthotic to address the patient's chronic back pain. However, the guidelines do not recommend lumbar support for prevention of back pain due to lack of existing evidence supporting the benefits of lumbar support use. It is not clear as to why variance from the guidelines is needed. Therefore, the request for lumbar orthotic, sagittal control, with rigid anterior/posterior is not medically necessary.