MAXIMUS Federal Services

Case Number:	CM14-0055790		
Date Assigned:	07/09/2014	Date of Injury:	11/26/1999
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 46-year-old female with a history of a work related injury on 11/26/1999 as result of a slip on wet flooring while carrying a tray; she landed on the back of her neck and tailbone on the wall. Since then she has developed chronic neck and lower back pain reported, per her 04/02/2014 PR-2 equivalent as fluctuates in intensity, with the neck pain radiating down her arms; left greater than right. Her lower back pain is flaring severely currently in the left low back, now radiating down her left leg to the knee. Her activities have been reduced because of the pain. She states the pain is aggravated by movement. Her current pain medication regimen provides modest relief most days. She brought in an old back brace that no longer fits her and requests a replacement. The patient has a history of L2-L5, but not known as to date of procedure. This was later revised with hardware replacement on Oct 11, 2005. On exam, she presents with an antalgic gait, her spinal range of motion is decreased in all direction because of pain and palpation of her spine elicits moderate tenderness of the lumbar paraspinal muscles; left greater than right. Her neurological examination is positive for diffuse lower extremity muscle weakness and decrease sensation along the lateral calf, and foot bilaterally. Lumbar CT dated Nov 7, 2009 reveals extensive surgery of the lumbar spine with a fusion at L2-L5. At L5-S1 there is a 4-5mmg posterior osteophyte which is effacing the thecal sac. Last, there were indications of pseudarthrosis. Her current medicinal regimen includes Anaprox DS 550mg 1 tab 2 time's day, Ambien 10mg 1 tablet once a day (at bedtime), Neurontin 600mg tablet 1 tablet 3 times a day, Percocet 10/325 and Fentanyl. In dispute is a decision for a B2 LSO (Lumbosacral Orthosis) back brace as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

B2 LSO (LUMBOSACRAL ORTHOSIS) BACK BRACE AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 2.

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 & Thoracic (Acute & Chronic), Orthotrac vest.

Decision rationale: Orthotrac (lumbosacral orthosis) vest: My research did not find a guideline specifying a lumbosacral Orthosis; however, within the low back section of the ODG guideline is a recommendation regarding the use of an Orthotrac vest, a very similar device utilized to apply external compression upon the torso.This is not recommended at this time. There is minimal evidence to support the use of this device. This pneumatic vest was designed to potentially provide support-stabilization and decompression (when worn for 60 minutes 3 times a week for 5 weeks). The device appears to work by reducing internal disc pressure. It was noted that the pneumatic vest was not indicated for all patients. In a recent study it was noted that the level of function was not significantly different for patients using the EZ Brace versus the Orthotrac vest at one year, although low back pain relief was significantly greater for the latter group. The request for B2 LSO (Lumbosacral Orthosis) Back Brace is not medically necessary.