MAXIMUS Federal Services

Case Number:	CM14-0074935		
Date Assigned:	07/16/2014	Date of Injury:	08/30/2010
Decision Date:	09/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/22/2014

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 60 year old female who sustained a cumulative trauma and repetitive strain while performing her customary job duties on 08/30/2010. The mechanism of injury is unknown. Prior treatment history has included lumbar epidural steroid injection and trigger point injection to left trochanteric bursa which provided moderate to excellent pain relief; TENS unit, Duragesic 25 mcg, Robaxin. Progress report dated 05/07/2014 states the patient presented with back pain radiating from low back down both legs, lower backache, and bilateral hip pain. She reported her pain has increased and her quality of sleep of is poor. She presented requesting a new lumbar spine support brace as her brace is worn out and a brace that can hold an ice pack. On exam, the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with flexion limited to 30 degrees and extension limited to 5 degrees. Lumbar facet loading is positive on both sides. Straight leg raise is positive on left side sitting at 80 degrees. There is tenderness noted over the left hip bursitis. The patient is diagnosed with lumbar radiculopathy; lumbar degenerative disk disease; lumbar disc disorder and low back pain. Prior utilization review dated 05/16/2014 states the request for Lumbar Support Brace that can hold an Ice Pack is denied as lumbar supports are not recommended for prevention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support Brace that can hold an Ice Pack: Upheld

Claims Administrator 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 Procedure Summary last updated 03/31/2014.

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 Supports.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to ODG guidelines, lumbar supports are not recommended for prevention. They are recommended for treatment of compression fracture, spondylolisthesis, documented instability, post-operative status, and nonspecific low back pain, though evidence for the latter is weak. In this case a request is made for a lumbar support brace that can hold an ice pack for treatment of acute exacerbations of chronic, recurrent low back pain for a 60-year-old female. However, MTUS guidelines, do not recommend lumbar supports for chronic low back pain, and the patient does not have documented instability or fracture. Further, specialized lumbar supports that can hold ice packs are not specifically endorsed. Medical necessity is not established.