

Case Number:	CM14-0080784		
Date Assigned:	07/18/2014	Date of Injury:	12/14/2007
Decision Date:	09/12/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation 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:

This 30 year-old patient sustained an injury on 12/14/07 while employed by [REDACTED]. Request under consideration include Retrospective review of LSO sag-coronal panel prefabricated brace for the lumbar spine (DOS 12/26/2012). MRI of the lumbar spine dated 2/29/12 showed degenerative disc disease at L4-5 with disc bulge; no significant canal or neural foraminal stenosis noted. Ortho report of 9/25/12 noted patient with chronic low back and left lower extremity pain rated at 8/10; cervical pain rated at 5/10; medications does help. Exam noted tenderness, limited lumbar range of flex/ext/lateral tilt/ right rotation of 60/50/40/40 degrees; motor strength of 4-4+/5 with left ankle eversion and first toe extensor hallucis longus (EHL); diminished left L5 dermatome; positive straight leg raise (SLR) at 35 degrees; unchanged otherwise. Diagnoses included Low back pain, lesser severity; neurologic deficit L5, progressive with radiculopathy; and cervical pain. Report of 10/26/12 from the provider noted the patient with ongoing chronic low back pain radiating to the lower extremity. Exam showed tenderness in left lower lumbar area; positive straight leg raising on left; and hypesthesia in L5, S1 distribution. The request for Retrospective review of LSO sag-coronal panel prefabricated brace for the lumbar spine (DOS 12/26/2012) was non-certified on 4/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Lumbar Sacral Orthosis (LSO) sag-coronal panel prefabricated brace for the lumbar spine (DOS 12/26/2012): Upheld

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

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, Back brace, page 372.

Decision rationale: Review indicated no new information or updated reports provided. There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2007. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific low back pain (LBP); and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Retrospective review of LSO sag-coronal panel prefabricated brace for the lumbar spine (DOS 12/26/2012) is not medically necessary and appropriate.