

Case Number:	CM14-0083711		
Date Assigned:	07/28/2014	Date of Injury:	11/09/2011
Decision Date:	10/02/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 44-year-old male who has submitted a claim for spondylosis of unspecified site without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago associated with an industrial injury date of 11/09/2011. Medical records from 01/20/2012 to 02/03/2013 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down bilateral lower extremities. Physical examination revealed antalgic gait, L5-S1 myotomal distribution weakness of right lower extremity, and positive SLR test on the right side. X-ray of the lumbar spine (date unavailable) revealed well-formed, well-aligned lumbar vertebrae and intervertebral body spacing loss on L5-S1. MRI of the lumbar spine dated 03/30/2012 revealed L5-S1 disc protrusion with mild mass effect on the thecal sac and minimally on transversing nerve roots. Treatment to date has included lumbar ESI (02/11/2013), repeat lumbar ESI (date not made available), lumbar back brace, physical therapy, and pain medications. Of note, there was no documentation of functional relief from lumbar back brace use. Utilization review dated 05/13/2014 denied the request for LSO sag-coro rigid frame pre. However, the rationale was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 78-137.

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. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. 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 patient complained of low back pain radiating down bilateral extremities for which a lumbar back brace was used. There was no discussion as to why another back brace is needed. Furthermore, there is no documentation of functional relief with the back brace. Moreover, the guidelines do not recommend the use of lumbar supports for back pain prevention. It is unclear as to why variance from the guidelines is needed. Therefore, the request for Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior is not medically necessary.