

Case Number:	CM14-0180680		
Date Assigned:	11/05/2014	Date of Injury:	10/14/2005
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Interventional Spine 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 48 year old male with an injury date of 10/14/05. Per the 09/08/14 report, the patient presents with constant lower back pain rated 9/10 with radiation to the right lower extremity with associated numbness and tingling sensation. The patient is temporarily totally disabled for 4-6 weeks as of 09/29/14. The patient uses a lumbosacral brace and cane to assist ambulation and has stooped over posture. Examination of the lumbar spine reveals paraspinal spasms and tenderness. Straight leg raise is positive with pain radiating to the foot with weakness, numbness, tingling and paresthesias. There is weakness in the lower extremity, in the right extensor hallucis longus and peroneus longus, as well as decreased sensation to light touch over the S1 nerve root distribution. The patient's diagnoses include: 1. Post-surgical changes to L5-S1, status post microdiscectomy at L5-S1 with disc disruption; 2. Disc height collapse at L5-S1 post laminectomy syndrome, motion on flexion and extension x-rays and foraminal stenosis at the exiting L5 nerve root; 3. L5-S1 disc disruption and disc herniation recurrent with bilateral lower extremity radiculopathy. The utilization review being challenged is dated 10/15/14. The rationale is that it is unclear whether the request is for post-operative use or while the patient awaits surgery. Post-surgical use could be considered once surgery is scheduled; however, lumbar supports are not recommended for prevention. Reports were provided from 04/07/14 to 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME LSO brace, Body part lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 46-47, 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, Lumbar supports; Gym memberships

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 & Thoracic Chapter, lumbar supports topic

Decision rationale: The patient presents with constant lower back pain rated 9/10 radiating the right lower extremity with numbness and tingling sensation. The treating physician requests for DME LSO Brace, Body Part Lumbar Spine per 09/29/14 report. ACOEM guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." The treating physician states in the 09/29/14 report this request is to protect the back and decrease muscle spasms. This request is handwritten and only partially illegible. The reports show that the patient has failed non-operative treatments and on 09/08/14 the treating physician states, "...my recommendation is for anterior posterior fusion and decompression at L5-S1 and this has been approved." The 09/29/14 report by Dr. ■ states Dr. ■ and Dr. ■ recommend that the patient lose 50 lbs. in order to proceed with surgery. In this case, the request appears to be for the patient's chronic low back pain for which there is lack of support from the guidelines. The patient does not present with spondylolisthesis, instability, fracture to consider bracing. Bracing may be indicated for post-operative following fusion but the patient is not being scheduled for surgery yet, as the patient is recommended a significant weight loss. The request is not medically necessary.