

Case Number:	CM14-0191862		
Date Assigned:	11/25/2014	Date of Injury:	11/20/1997
Decision Date:	01/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 is 58 year old female worker with a date of injury of November 20, 1997. Mechanism of injury is unknown. Diagnoses include cervicalgia, cervical radiculopathy, lumbago, lumbar radiculopathy, lumbar facet dysfunction, depression, myalgias and knee pain. In notes dated February 10, 2014, the injured worker continued to have complaints of neck, low back and left knee pain. She rated her pain as a 6 on a 1-10 pain scale. In evaluation on August 11, 2014, the pain was noted to be the same as previously. Notes stated that there was tenderness to palpation over the cervical paraspinal musculature, upper trapezius muscles, scapular border, lumbar paraspinal musculature and sacroiliac joint region. A straight leg raise test produced lower back pain. Patrick's test and facet loading test were noted to be positive. She was still struggling to perform functions of daily living. Treatment modalities included medication, TENS unit, physical therapy, home exercise program, back brace, left knee brace and hot/cold pads. Medications have helped her minimally in order to alleviate the pain. A request was made for spinal Q orthosis lumbar spine. On November 4, 2014, utilization review denied the request. Per prior review the reviewer was told that the patient has spondylolisthesis and instability and the back brace she has is ready for a replacement and serves as a kinesthetic reminder to not perform a movement which causes exacerbations of pain so severe she requires urgent care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q orthosis for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 298, 301, 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- lumbar support

Decision rationale: Spinal Q orthosis for the lumbar spine is not medically necessary per the MTUS and the ODG guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The Official Disability Guidelines further state, lumbar supports for the prevention of low back pain are not recommended. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations and therefore the request for spinal Q orthosis for the lumbar spine is not medically necessary.