

Case Number:	CM15-0148454		
Date Assigned:	08/11/2015	Date of Injury:	04/10/1996
Decision Date:	09/08/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 injured worker is a 65 year old male, who sustained an industrial injury on 4-10-1996. Diagnoses include degeneration of lumbar disc, lumbosacral radiculitis, lumbago, post-laminectomy lumbar, lumbosacral spondylosis without myelopathy. Treatment to date has included surgical intervention (artificial disc replacement, 2005), an intrathecal delivery system (pain pump) and medication management. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported low back pain. Physical examination revealed tenderness in the paravertebral of the lumbar spine. There was a healed midline lumbar post-surgical incision and tenderness in the L4-5 facets, right more than left. The plan of care included, and authorization was requested for a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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) Chapter: Low Back Section: Lumbar Supports.

Decision rationale: The MTUS/ACOEM Guidelines comment on the treatment of low back conditions and specifically the use of lumbar supports as a treatment modality. These MTUS guidelines state the following: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The Official Disability Guidelines also comment on the use of lumbar supports. These guidelines state the following: Lumbar supports are "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 treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence)." In this case, the medical records indicate that the patient carries the following chronic diagnoses: Lumbar Disc Disease, Lumbosacral Radiculitis, Lumbago, Post-Laminectomy Syndrome and Lumbosacral Spondylosis. The patient does not have the diagnosis of a compression fracture of spondylolisthesis or documented instability. Regarding the issue of the use of a lumbar support for nonspecific low back pain, the above cited MTUS guidelines suggest its use is only recommended for the acute phase of symptom relief. The Official Disability Guidelines' evidence for the use of a lumbar support device is based on "very low-quality evidence." Further, indicates that the studies were based on the relatively short-term assessment (30-90 days) of patients with subacute low back pain. In this case, the chronic nature of this patient's back condition is not consistent with the intent of the study cited in the Official Disability Guidelines; patients with subacute low back pain. In summary, the above cited MTUS and Official Disability Guidelines do not provide recommendations for the long-term use of a lumbar support. A lumbar back brace is not considered as medically necessary.