

Case Number:	CM15-0182120		
Date Assigned:	09/23/2015	Date of Injury:	10/09/2009
Decision Date:	11/10/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old male, who sustained an industrial injury on 10-9-09. The injured worker on 8-12-15 has complaints of constant sharp, dull lumbar spine pain with burning to right hip and radiating pain from right hip to right foot from the lumbar spine to bilateral legs and spasms. The documentation noted that the injured worker complained of numbness, weakness and tingling to bilateral legs more to the right. Straight leg raise was positive. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and joint derangement not otherwise specified, pelvis. Treatment to date has included home exercise program. Magnetic resonance imaging (MRI) of the lumbar spine on 5-6-15 revealed a 2-3 millimeter disc bulge at L4-5 as well as ligamentum flavum hypertrophy, causing mild neuroforaminal narrowing bilaterally. There is no significant central spinal canal stenosis. The original utilization review (8-18-15) non-certified the request for lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic, Lumbar Supports.

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: The MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG guidelines state that lumbar supports are not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (Van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (Van Duijvenbode, 2008) Treatment: 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). Under study for post-operative use, see Back brace, post operative (fusion). Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. (Kim, 2006) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (Van Duijvenbode, 2008) 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). (McIntosh, 2011) Bracing is a low-risk, cost-effective method to treat certain thoracolumbar fractures, and it offers equivalent efficacy as surgical management in many cases. The evidence for bracing of osteoporotic-type fractures is less clear, and further investigation will be necessary to delineate its optimal role. (Chang, 2014) See also Back brace, post operative (fusion); IntelliSkin posture garments; & SpineCor brace. In this case, the injury with low back pain is not in an acute phase. There is no diagnosis of compression fracture, osteoporosis, spondylolisthesis or instability. The request does not specify the type of brace to be used. With no evidence for lasting benefit, the request for lumbar back brace is not medically necessary.