MAXIMUS Federal Services

Case Number:	CM15-0039962		
Date Assigned:	03/10/2015	Date of Injury:	11/10/1985
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 11/10/1985. He has reported low back pain. The diagnoses have included disc bulge at L4-5, T12-L1, L5-S1, and L1-2; left L5 radiculopathy; disc bulge L2-3, L3-4, and L4-5; disc osteophyte complex L5-S1; and disc bulge L1-2, L2-3, and L4-5. Treatments and diagnostics have included medications, acupuncture, MRI and x-rays of the lumbar spine, physical therapy, and electrical stimulation unit. Medications have included Tramadol and Flexeril. A progress note from the treating physician, dated 12/16/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant low back pain which radiates into the left hip and toes; numbness in the left three toes when there is radiating pain; pain is rated at 8/10 on the visual analog scale without medications; and uses ice, inversion table and electrical stimulation unit to help with the low back pain symptoms. Objective findings included straight-leg-raising in a sitting position is 75 degrees on the right and 70 degrees on the left with pain to the low back. The treatment plan has included continuation of prescribed medications, ice, inversion table, and electrical stimulation unit. Request is being made for Lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back; Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Chapter, 301. Decision based on Non-MTUS Citation ODG, Low Back, Back brace, page 372.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, post-operative treatment, not demonstrated here. The Lumbar support is not medically necessary and appropriate.