

Case Number:	CM15-0053264		
Date Assigned:	03/26/2015	Date of Injury:	07/23/1982
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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 an 80 year old male, who sustained an industrial injury on July 23, 1982. The injured worker was diagnosed as having ongoing back issues, bilateral lower extremity radiculopathy, lumbar spondylosis, and lumbar canal stenosis. Treatment to date has included selective nerve root injection, bracing, lumbar epidural steroid injection (ESI), physical therapy, and medication. Currently, the injured worker complains of back and leg pain, and foot numbness. The Treating Physician's report dated February 4, 2015, noted the injured worker using a lumbar corset brace, with the elastic on the brace worn out, needing to obtain a new one. The injured worker was noted to have decreased sensation over the plantar aspects of both feet. The injured worker was noted to be interested in obtaining a new brace, and was working toward obtaining consultations with both spine surgery and pain management. The physician has noted that the injured worker wears the brace to prevent flare-ups and he wear the brace for certain activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Corset Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in

Workers' Compensation, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 01/30/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: Per the MTUS ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per ODG, lumbar supports are 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) ODG notes that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. In this case, the injured worker is diagnosed with spondylosis and spinal canal stenosis. He is not diagnosed with conditions that would support use of a lumbar brace. The injured worker is noted to use the brace for prevention of flare-ups. The guidelines specifically note that lumbar braces are not efficacious in preventing low back pain. The request for Lumbar Corset Brace is therefore not medically necessary and appropriate.