

Case Number:	CM14-0119384		
Date Assigned:	08/06/2014	Date of Injury:	10/04/2001
Decision Date:	10/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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 Interventional Spine and is licensed to practice in California. 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:

The patient is a 58-year-old female with a date of injury of 10/04/2001. The listed diagnoses per [REDACTED] are lumbago; thoracic/lumbosacral neuritis and radiculitis; intervertebral lumbar disk without myelopathy; and degenerative lumbar intervertebral disk. According to progress report 06/18/2014, the patient presents with chronic low back pain with radiation of symptoms extending to both legs with numbness, tingling, and weakness. Examination of the low back revealed "abnormal palpation" and tenderness at L4-L5 with decreased range of motion. There was positive sitting straight leg raise on the right. The provider is requesting an LSO lumbar brace. Utilization review denied the request on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Page 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter Back Braces/Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Supports

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a lumbar LSO brace. MRI of the lumbar spine from 05/05/2014 revealed "degenerative changes throughout the lumbar spine, greatest at L2 through L3 with narrowing of the neuroforaminal, greatest at L5 to S1." ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines regarding lumbar support states, "not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. Therefore, this request is not medically necessary.