

Case Number:	CM14-0128617		
Date Assigned:	08/18/2014	Date of Injury:	10/21/2002
Decision Date:	10/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational Medicine, 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 52-year-old male who has submitted a claim for status post L4-5 and L5-S1 fusion associated with an industrial injury date of 10/21/2002. Medical records from 01/16/2014 to 06/24/2014 were reviewed and showed that patient complained of chronic low back pain (pain scale grade not specified) radiating down lower extremities. Physical examination revealed spasms of lumbar region, intact DTRs, and weakness of bilateral lower extremities. X-ray of the lumbar spine dated 02/05/2014 revealed degenerative osteosclerosis L3 and superior endplate of L4, L3-4 disc space narrowing, and posterior bilateral Harrington rod and pedicle screws from L4 through S1. Treatment to date has included L4-5 and L5-S1 fusion, physical therapy, acupuncture, chiropractic care, corset brace, and pain medications. Utilization review dated 07/30/2014 denied the request for DME Purchase: LSO Back Brace because there was no documentation as to why the current brace cannot be utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase: LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Guidelines: 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: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. ODG states that lumbar support is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of chronic low back pain that prompted request for back brace. However, the guidelines do not support back brace as it is no better than placebo in preventing back pain. There is no documentation as to why variance from the guidelines is needed. Therefore, the request for DME Purchase: LSO Back Brace is not medically necessary.