

Case Number:	CM14-0157629		
Date Assigned:	09/30/2014	Date of Injury:	04/08/2013
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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; 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 brace was denied due to lack of documentation of unstable lumbar segments and lack of hard clinical evidence indicating the need for this DME. A progress report dated 9/3/14 indicates that the patients symptoms were improving but he continues to have some discomfort. The pain was around a 7/10 with medication and a 3/10 without meds. The majority of the pain is in the low back where he also complains of spasms but the spasms decrease with his muscle relaxer. The patient feels that his pain is manageable with the use of Mentherm topical pain reliever. Objective findings indicate positive lumbar tenderness and spasms. Lumbosacral spine range of motion decreased about 20%. X-rays were reviewed from 8/19/13 and were within normal limits and an MRI done on 3/7/14 was reviewed which indicated disc protrusions at L3/4 and L4/5 with spondylolisthesis at L5. Diagnoses of Multiligamentous sprain/strain of the lumbosacral spine, HNP L3/4 and L4/5 with L5/S1 spondylolistheses. Treatment recommendations were an LSO brace, continue Naproxen, Cyclobenzaprine and Mentherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports

Decision rationale: Regarding the request for lumbar brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. The Official Disability Guidelines (ODG) goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture or instability. As such, the request for a lumbar brace is not medically necessary.