

Case Number:	CM14-0161808		
Date Assigned:	10/06/2014	Date of Injury:	01/18/2013
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 68 year old female with complaints of low back pain, left lower extremity pain, right foot pain. The date of injury is 1/18/13 and the mechanism of injury is twisting falling injury. At the time of request for lumbar spine brace for purchase, there is subjective (low back pain) and objective (swelling lateral aspect right foot, tenderness lumbar paravertebral, tenderness right foot, straight leg raise right positive) findings, imaging findings (MRI lumbar spine October 2013 shows grade I spondylolisthesis L4-5, spinal stenosis and facet arthropathy L4-5, degenerative disc disease and facet arthropathy at L5-S1), diagnoses (lumbar spinal stenosis L4-5, grade I spondylolisthesis, lumbar spondylosis), and treatment to date (medications, physical therapy, acupuncture, surgery). Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment found an improvement in physical restoration compared to control and decreased pharmacologic consumption. This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-297, 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Supports, Low Back - Lumbar & Thoracic (Acute&Chronic)

Decision rationale: Per ODG treatment decisions, Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment found an improvement in physical restoration compared to control and decreased pharmacologic consumption. This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. As there is documentation of spondylolisthesis and ongoing low back pain, the request for lumbar spine brace for purchase is medically necessary.