

Case Number:	CM14-0183843		
Date Assigned:	11/10/2014	Date of Injury:	07/24/2007
Decision Date:	12/17/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This is a 40-year-old male with a 7/24/07 date of injury. According to a progress report dated 8/14/14, the patient complained of low back pain that radiated down the bilateral lower extremities. He also complained of frequent muscle spasms in the low back bilaterally. He rated his pain as 6/10 with medications and 10/10 without medications. Objective findings: spasm noted in the bilateral paraspinal musculature, tenderness upon palpation in bilateral paravertebral area L4-S1 levels, decreased strength of bilateral lower extremities. Diagnostic impression: failed back surgery syndrome, lumbar post laminectomy syndrome, lumbar radiculopathy, status post lumbar spine fusion, GERD. Treatment to date includes medication management, activity modification, ESI, TENS and unit, surgery. A UR decision dated 10/28/14 denied the request for LSO SAG-CORO rigid frame. There is no evidence of recent fusion or spinal instability to support the need for a back brace. The use of a back brace to aid in "activity tolerance" is not supported per ODG, which indicates the routine use of a brace may, in fact, be harmful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for LSO Sag-Cord Rigid Frame: Upheld

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

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

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, in the present case, this patient's date of injury is in 2007, and guidelines only support back braces in the acute phase of injury. In addition there is no evidence that the patient has instability or compression fractures. Therefore, the request for Retrospective request for LSO Sag-Cord Rigid Frame is not medically necessary.