

Case Number:	CM14-0213606		
Date Assigned:	12/31/2014	Date of Injury:	09/23/2013
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 55-year-old male with date of injury of 09/22/2013. The listed diagnoses from 10/06/2014 are: 1. Lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and multilevel disk protrusion, stenosis, and facet arthropathy and 6- to 7-mm anterior L5-S1 spondylolisthesis with bilateral pars L5 spondylosis, per MRI. 2. Left lower leg contusion and ankle sprain/strain. According to this report, the patient complains of low back pain radiating to the bilateral lower extremities with associated numbness and tingling. The patient also reports lower left leg and ankle pain. Examination of the lumbar spine reveals a decreased lordotic curvature. Palpation is notable for tenderness over the paraspinal musculature and lumbosacral junction with slight to moderate associated spasms and muscle guarding. Straight leg raise is positive bilaterally extending to the feet. Range of motion is 36 degrees flexion, 9 degrees extension, 8 degrees right side bending and 10 degrees left-sided bending. Inspection of the left lower extremity reveals slight to mild swelling over the distal aspect of the lower leg and the medial aspect of the ankle joint. Palpation is notable for tenderness over the distal lower leg, medial joint, and anterior joint complexes of the ankle. There is decreased sensation to pinprick and light touch over the L4 and L5 dermatome patterns of the bilateral lower extremities. The patient ambulates with a slight limp favoring the left lower extremity. Treatment reports from 10/06/2014 to 12/09/2014 were provided for review. The utilization review denied the request on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient LSO Brace: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter on lumbar supports.

Decision rationale: This patient presents with low back pain radiating to the bilateral lower extremities. The treater is requesting OUTPATIENT LSO BRACE. The 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." ODG Guidelines under the low back chapter on lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option. The 11/05/2014 report notes that the treater is requesting a lumbosacral orthotic bracing to stabilize the low back during periods of fatigue. In this case, the patient does have a diagnosis of spondylolisthesis and the ACOEM and ODG Guidelines support its use. The request IS medically necessary.