

Case Number:	CM15-0018315		
Date Assigned:	02/06/2015	Date of Injury:	07/25/2005
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: Preventive Medicine, Occupational Medicine

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 injured worker is a 69 year old male, who sustained an industrial injury on 7/25/2005. The diagnoses have included lumbar spinal stenosis at L5-S1, grade 1 spondylolisthesis at L5-S1, degenerative disc disease in multiple levels, left lumbar radiculitis and foraminal stenosis L5-S1. Treatment to date has included physical therapy, anti-inflammatory medications and modification of activities. Lumbar spine x-ray from 9/25/2014 showed bulky, moderate sized osteophytosis that connects the L1-L4 vertebra on the right. According to the progress report dated 1/8/2015, the injured worker had complaints of worsening back pain and left leg pain with numbness and weakness. Physical exam revealed an antalgic gait. There was loss of lumbar lordosis. There was pain to palpation over the L4-5 and L5-S1 area. There was also palpable paraspinal muscle spasms noted. There was tenderness over the L4-5 and L5-S1 area and the sacroiliac (SI) joint on the left side and the facet joints. Diagnostic and therapeutic L5-S1 transforaminal epidural steroid injection (ESI) was recommended. Authorization was requested for a lumbar support. On 1/16/2015, Utilization Review (UR) non-certified a request for a Lumbar-Sacral Orthosis (LSO). The American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-8. Decision based on Non-MTUS Citation 1) North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. Burr Ridge (IL): North American Spine Society (NASS); 2011. 104 p. [542 references] 2) Canadian Institute of Health Economics: Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p. [39 references]

Decision rationale: A Lumbar-Sacral Orthosis (LSO) Back Brace is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The patient has none of these indications. The ACOEM guideline as well as other guidelines do not recommend use of a back brace or corset for treating low back pain as its use is not supported by research-based evidence. When back braces are used any benefits from its use goes away as soon as the brace is removed. Although this patient does experience worsening pain on sitting and standing there is no mention of significant impairment in most of his activities of daily living. Considering the known science and the patient's documented impairments there is no indication for use of a back brace in treating this patient at this time. Medical necessity has not been established.