

Case Number:	CM15-0118405		
Date Assigned:	06/29/2015	Date of Injury:	11/23/2010
Decision Date:	07/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 61-year-old male who sustained an industrial injury on 11/23/10, relative to a fall. The 10/14/14 lumbar spine MRI impression documented a small central protrusion at L4/5 and annular fissure with mild narrowing of the central canal and mild to moderate left and mild right foraminal stenosis. At L5/S1, there was an annular bulge with a small left paracentral annular fissure and mild bilateral foraminal stenosis. Conservative treatment included physical therapy, epidural steroid injection, acupuncture, activity modification, and medications. The 6/4/15 treating physician report cited continued grade 8/10 low back pain radiating down both lower extremities with numbness in the heels. Physical exam documented 3-4/5 left plantar flexion weakness and decreased sensation in both heels. The diagnosis included lumbago and lumbar radiculopathy. The treatment plan recommended bilateral L4/5 decompression for his bilateral subarticular stenosis that had failed conservative treatment. A low back brace was requested to reduce pain and disability and allow his to carry out activities of daily living. Authorization was requested for bilateral L4/5 decompression with associated surgical requests for pre-op medical clearance, lumbar brace, and 23-hour inpatient stay. The 6/18/15 utilization review certified the requests for bilateral L4/5 decompression, pre-op medical clearance and 23-hour inpatient stay. The request for a lumbar brace was modified to an off-the-shelf soft corset consistent with the provider request and guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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 Low Back Chapter.

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 ½ Lumbar & Thoracic: Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The Official Disability Guidelines state that 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). This injured worker presents with persistent low back pain radiating into both lower extremities. Clinical exam findings documented decreased lower extremity sensation and weakness. A request for lumbar decompression at L4/5 has been certified. The 6/18/15 utilization review modified this request for a lumbar brace to an off-the-shelf soft corset. There is no compelling rationale presented to support the medical necessity of a custom lumbar brace for this injured worker. Therefore, this request is not medically necessary.