

Case Number:	CM15-0075117		
Date Assigned:	04/27/2015	Date of Injury:	07/02/2009
Decision Date:	07/14/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 75 year old male, who sustained an industrial injury on July 2, 2009. He reported low back pain and bilateral lower extremity pain with associated tingling, numbness and weakness. The injured worker was diagnosed as having major depressive disorder with anxiety symptoms, lumbar spinal stenosis and disc protrusions and sleep disorder. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain and bilateral lower extremity pain with associated lower extremity radicular symptoms. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 11, 2014, revealed continued pain as noted. Evaluation on June 16, 2014, revealed continued pain as noted. He reported difficulty with activities of daily living. It was noted if the symptoms were not responsive to conservative treatments surgical decompression was noted as a future option. A Cybertech lumbar orthotic brace was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cybertech lumbar support orthotic brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Online Version - Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- lumbar support.

Decision rationale: Cybertech lumbar support orthotic brace is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The ODG recommends this brace as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for states that there is very low quality evidence for the treatment of nonspecific low back pain. The documentation submitted does not reveal instability or other extenuating reasons to go against guideline recommendations and therefore the request for lumbar support orthotic brace is not medically necessary.