

Case Number:	CM14-0154284		
Date Assigned:	09/23/2014	Date of Injury:	02/16/1981
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 76 year old male with an injury date of 02/16/81. The 05/29/14 progress report states that the patient presents with increased pain in the lower lumbar region with pain increasing with lifting, bending, stooping, prolonged sitting and standing. Lumbar examination reveals motion is restricted and causes painful symptoms. There is guarding with motion and pain, and hyperextension of the lower back causes radiating pain to the right posterior thigh. Muscle spasm is present. Straight leg raise is positive to the right. The physician cites a radiograph of the lumbar spine showing a broken right side rod but the hardware and instrumentation are fully intact with good consolidation in the lower lumbar region. The patient's diagnoses include: Status post revision of MS pump and status post multiple back operations including spinal fusion and status post revision of morphine pump (dates unknown) and status post pain pump replacement (09/10/13). The utilization review being challenged is dated 09/04/14. The rationale is that MTUS states lumbar supports do not have benefit beyond the acute phase of symptom relief and such supports are not recommended for treatment of low back disorders. Reports were provided from 02/06/14 to 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): pg 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, lumbar supports topic

Decision rationale: The patient presents with increased pain in the lower lumbar region with pain increasing with activity. The physician request is for a Lumbar brace. Per the 08/28/14 request for authorization this is to help with reduction of antalgic gait and reduction of the flexion of the lumbar spine. The MTUS chronic pain guidelines do not discuss lumbar brace. ACOEM guidelines do not recommend it. The ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "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)." In this case, the reports provided do not show the above conditions in this patient to support this request. The patient does have non-specific LBP but there is very low-quality evidence to use lumbar brace for this. Therefore, the request is not medically necessary.