

Case Number:	CM13-0018728		
Date Assigned:	02/03/2014	Date of Injury:	08/29/1995
Decision Date:	04/22/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/30/2013

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 Pain Management, 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:

This is a female patient with the date of injury of August 29, 1995. A utilization review determination dated July 24, 2013 recommends non-certification of Purchase Cybertech Back Brace. The previous reviewing physician recommended non-certification of Purchase Cybertech Back Brace due to lack of documentation of the patient being in the immediate post-op phase after back surgery and no indication of other conditions, such as compression fracture, spondylolisthesis or instability. A Progress Report dated July 15, 2013 identifies Subjective Complaints of almost all body parts are involved with level 10 with only a smattering of level 8 and 9 on pain diagram. Physical Examination identifies moderately severe distress with normal lumbar motion. Diagnoses identify a severe exacerbation. Plan identifies a new corset issued (her old corset is out).

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF CYBERTECH BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 138-9.

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 Chapter, Lumbar Supports

Decision rationale: Regarding the request for purchase of a Cybertech back brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested purchase of a Cybertech back brace is not medically necessary.