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| Case Number: | CM13-0022135 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 01/29/2009 |
| Decision Date: | 01/07/2014 | UR Denial Date: | 08/18/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 44 year old patient with an injury from 1/29/09 that suffers from chronic low back pain with history of a lumbar laminectomy from 2009, currently recommended for a lumbar fusion. The UR letter from 8/19/13 denied the request stating that there is lack of documentation that this patient is acutely postoperative and no evidence of spondylolisthesis, fracture, or others. ■■■■■ note from 8/23/13 has diagnoses of lumbar region injury, post-operative chronic pain, lumbosacral/joint/ligament sprain/strain. Under treatment, it states that ■■■■■ would like to do surgery in October. There is a list of medications, and a request for EMG/NCV studies. The patient's pain level is documented at 10/10. A 7/25/13 report has 10/10 severe pain, per patient; ■■■■■ has recommended a lumbar fusion and is hopeful to have it approved. Medications help to control the patient's pain temporarily. 7/18/13 notes has "request: back brace." ■■■■■ report from 7/24/13 is a spine surgical consult. The patient is s/p left lumbar laminotomy, disc excision, nerve root decompression at L5-S1 for HNP in November 2009. Exam shows severely limited range of motion, weakness is a give-away type 4/5 on left side. X-rays showed no segmental instability. MRI showed 3mm retrolisthesis of L5-S1, 4 mm posterior osseous disc complex, facet arthropathy. His recommendation was for reconstructive fusion surgery at L5-1

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines..

Decision rationale: ACOEM Guidelines do not support the use of back braces. The Official Disability Guidelines discuss back braces but recommend them for fracture, spondylolisthesis, and instability. The medical records submitted for review do not provide any rationale as to why a lumbar brace is needed. While a MRI showed 3mm retrolisthesis at L5-1, X-rays showed no instability. The medical records do not discuss how the use of back brace would help improve the patient's function. Although surgery is being discussed, the spine surgeon did not request a back brace. The request for a back brace is not medically necessary and appropriate.