

Case Number:	CM13-0029466		
Date Assigned:	11/01/2013	Date of Injury:	05/17/2009
Decision Date:	04/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 52-year-old who reported an injury on 05/17/2006. The 09/09/2013 clinic note reported a complaint of low back, bilateral upper extremity, and lower extremity symptoms. The note indicated the patient has had an electromyography of her bilateral upper and lower extremities on 08/01/2013, acupuncture, chiropractic therapy, and 3 epidural steroid injections status post cervical fusion. The patient's pain was rated as 8/10 with radiation, numbness, and tingling in her bilateral lower extremities. The patient also reported bladder incontinence. She was using Norco, Topamax, temazepam, and capsaicin cream for pain management. The exam noted her cervical and lumbar spine was decreased in all planes with decreased sensation to the right L3 through S1 dermatomes. The patient had hyporeflexic bilateral biceps, brachioradialis, triceps, patellar, and Achilles. The patient had negative Hoffman's bilaterally with positive Lasegue's and Spurling's bilaterally. The patient's 10/30/2012 MRI reported degenerative disc disease and facet arthropathy with minimal superior endplate compression, L1 and L2 chronic without edema. The patient had grade I anterolisthesis at L3-L4 and L4-L5 with retrolisthesis at L5-S1. There was canal stenosis at L3-L4 mild to moderate, L4-L5 moderate to severe, and L5-S1 moderate. The patient also had neural foraminal narrowing at L4-L5, mildly to the right and severe to the left, and L5-S1 caudal right neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMFORT FORM BACK 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, 2013 Updates, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief and therefore are not recommended. The records show that the patient is approximately eight years status-post injury. The request for a comfort form back brace is not medically necessary or appropriate.