

Case Number:	CM13-0041420		
Date Assigned:	12/20/2013	Date of Injury:	09/13/2012
Decision Date:	02/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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:

The patient is a 53-year-old male who reported an injury on 09/13/2012. The mechanism of injury was stated to be the patient was transferring a student from a wheelchair to a walker and the patient was noted to have sustained injury to his back. The patient was noted to have undergone a physical examination on 08/22/2013 where the physician indicated they were requesting authorization for a right L4-5 microdiscectomy, laminotomy, and decompression with neuromonitoring as well as an assistant surgeon and an LSO lumbar brace. The patient's diagnosis was noted to be HNP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for LSO lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Back Brace, Post-Operative.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documentation submitted for review indicated the physician was requesting the LSO back brace for postoperative care. As such, secondary Guidelines were sought. The Official Disability Guidelines indicate that postoperative back braces may be used for fusions. There was lack of documentation indicating the patient was approved to undergo the requested surgery. Given the above and the lack of documentation, the request for an LSO lumbar brace is not medically necessary.