

Case Number:	CM13-0041456		
Date Assigned:	12/20/2013	Date of Injury:	04/20/2004
Decision Date:	07/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine 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 64-year-old male who has submitted a claim for lumbar sprain and lumbar degenerative disc disease associated with an industrial injury date of April 20, 2004. Medical records from 2012-2013 were reviewed. The patient complained of severe low back pain, 8-9/10 in severity. The pain radiated to the groin and right great toe. Physical examination showed tenderness over the lumbar paravertebrals and superior iliac spine. The lumbar range of motion was restricted. The straight leg raise test was positive at 15 degrees sitting with numbness and tingling. Sensation was decreased on the right below the knee. Weakness was noted on the right lower extremity at the hip flexors/extensors as well as weakness of the extensor hallucis longus. An MRI of the lumbar spine dated July 6, 2013 revealed multilevel desiccative degenerative disc bulging with small superimposed protrusion is possible at L3 and L4 and a central disc herniation of small size at L5-S1 without root compressive effects. Treatment to date has included medications, deep tissue massage, home exercise program, right shoulder surgery, and activity modification. The utilization review, dated October 7, 2013, denied the request for custom made lumbar brace. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MADE 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace.

Decision rationale: On page 301 of the California MTUS ACOEM, states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, patient has been complaining of back pain since his industrial injury date of April 20, 2004. This is beyond the acute phase of symptom relief. Furthermore, the submitted medical records did not indicate any surgical procedure on the lumbar spine that is included on the special circumstances requiring external immobilization as stated above. Therefore, the request for custom made lumbar brace is not medically necessary.