

Case Number:	CM13-0046137		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2005
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice 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:

Patient is a 56 year old injured worker with date of injury of 10/24/2005. Patient has the diagnoses of status post lumbar laminectomy with residual low back pain and radicular symptoms, cervical spine sprain, status post right shoulder surgery, and rotator cuff impingement syndrome. Patient's medications include Neurontin, Trazodone, Opana ER, Prilosec, Lexapro, Wellbutrin, Dendracin, Amitiza, Avinza, laxacin, and Ambien. Subjective complaints are that of increasing pain in her lower back with burning pain to her lower extremities, bilateral shoulder pain, and neck pain with numbness and tingling in both hands. With medications it is documented that she can better perform daily activities, and continues her walking and exercise program. Exam demonstrates tenderness over midline lumbar spine, bilateral low back, and bilateral sacroiliac region. Patient has decreased lumbar range of motion with hyperesthesia bilateral in L5 and S1 dermatomes. Previous treatment has included laminectomy and fusion, right shoulder surgery, psychiatric care. A lumbar brace was requested to help patient stabilize her spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support 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 (ODG),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no clinical documentation submitted that demonstrated evidence of why a back brace would be efficacious for this patient at this point in their treatment. Since lumbar support is only indicated in the acute phase of injury or surgery, this patient does not qualify due to the chronic nature of their complaints. The request for a lumbar support brace is not medically necessary and appropriate.