MAXIMUS Federal Services

Case Number:	CM13-0066051		
Date Assigned:	01/03/2014	Date of Injury:	09/24/2011
Decision Date:	04/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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 53-year-old female with a date of injury of 09/08/2011. The patient is diagnosed with herniated disc lumbar spine, status post laminectomy and discectomy, 8 mm fibrosis at L5-S1, disc bulge is L3-4 and L4-5. The exam was on 11/01/2013, the patient has complaints of low back pain which she states is severe with numbness and tingling down both leg, stiffness of the lower back continues; pain is 10/10. The patient states that she is having difficulty sleeping due to pain, and depressed due to her situation of continued pain from the injury. Objective findings: the physician stated tender over posterior superior iliac spine bilaterally. The physician as part of the treatment plan has requested a psych consultation and also a sleep study consultation. The physician also ordered a Miami lumbar support

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE MIAMI LUMBAR SUPPORT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support/Back Brace Post-Operative Fusion

Decision rationale: The patient is a 53-year-old female, date of injury of 09/04/2011. The patient diagnosis consists of herniated disc lumbar spine, status post laminectomy and discectomy, 8 mm fibrosis at L5-S1, disc bulge is L3-4 and L4-5. On 11/01/2013 office visit, it was noted patient had severe low back pain with numbness and tingling down both legs, 10/10 for pain. The Official Disability Guidelines (ODG) do state that lumbar support is not recommended for prevention, it is recommended as option for treatment. It is recommend as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. The guidelines state for postoperative for fusion, it was understudy but given lack of evidence supporting the use of these devices a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. The documentation from one progress note does not have documentation on whether pain medication has been effective, physical therapy has been exhausted, if injections at all have been of assistant to the patient. That along with the Official Disability Guidelines (ODG) supporting for a standard brace, not specialized Miami brace as requested. Therefore, the request is non-certified.