

Case Number:	CM13-0066453		
Date Assigned:	01/03/2014	Date of Injury:	01/09/2009
Decision Date:	03/28/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 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:

The patient is a 56-year-old injured worker with a 1/9/09 date of injury. At the time of request for authorization for Cybertech lumbar brace, there is documentation of subjective findings, persistent low back pain with radiation to his buttocks and legs associated with numbness and tingling in both his feet. Objective findings of restricted range of motion in the lumbar spine, moderate tenderness over the spinous process mainly at the lower lumbar levels, and tenderness at the sacroiliac joints. Imaging findings includes MRI of the lumbar spine dated 9/17/09 report revealed mild anterior wedging of T12 vertebral body with mild loss of height, possibly related to prior trauma, mild indentation of the inferior endplate of T11, likely from Schmorl's node formation, with a mild annular bulge at T11-12, and mild anterior widening of the intervertebral disc space at L3-4 with very minimal offset of posterior cortical margina, and mild spinal canal narrowing with mild right and minimal left inferior neural foraminal narrowing. Current diagnoses include lumbosacral spondylosis, degenerative lumbar disc disease, and lumbar neuritis/radiculitis. Treatment to date includes lumbar Rhizotomy, lumbar ESI, activity modification, and medications. There is no documentation of acute symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cybertech lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports.

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, Lumbar supports.

Decision rationale: The MTUS/ACOEM Guidelines identifies documentation of acute phase of symptoms, as criteria necessary to support the medical necessity of low back brace. The Official Disability Guidelines (ODG) identifies documentation of a condition/diagnosis for which a back brace is supported, such as, compression fracture, spondylolisthesis, instability, or post-operative treatment, as criteria necessary to support the medical necessity of low back brace. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, degenerative lumbar disc disease, and lumbar neuritis/radiculitis. However, despite documentation of persistent low back pain with radiation to the patient's buttocks and legs associated with numbness and tingling in both feet, and given documentation of a 1/9/09 date of injury, there is no documentation of acute symptoms. The request for Cybertech lumbar brace is not medically necessary and appropriate.