

Case Number:	CM13-0067271		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2013
Decision Date:	05/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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:

This 49 year-old [REDACTED] sustained an injury when he climbed down a trailer, slipped and fell off a bumper onto both feet on 2/4/13 while employed by [REDACTED]. The request under consideration includes a Back Brace. Report of 11/14/13 from the provider noted the patient with back, left buttock and leg pain with numbness. It was noted he had previous history of back injury in 1988, diabetes, and hypertension. Exam showed sciatic notch tenderness on left; full lumbar motion; motor loss of left extensor hallucis longus (EHL) (left 1st toe) and L5-S1 motor loss with 5/5/ on right side; sensory loss at L5, S1 distribution on left; patellar tendon reflexes were intact, 2+ symmetrical; he ambulated with a cane and with imbalance and difficulty with heel to toe gait.; hip flexion, extension, abduction, and adduction were 5/5 bilaterally; sensation appropriate at trochanteric, buttock, and groin. Spine surgery at L4-5 and possibly L5-S1 with back brace and ankle foot orthosis were recommended in treatment plan. The surgical intervention was non-certified along with post-op back brace on 12/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK 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: Submitted reports have not demonstrated indication of instability, compression fracture, or spondylolisthesis precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a back brace cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific lower back pain (LBP); and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment which has been non-certified, with all criteria not met. The Back Brace is not medically necessary and appropriate.