

Case Number:	CM13-0067452		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2013
Decision Date:	05/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 claimant is a 50-year-old, gentleman who was injured 02/05/13 sustaining an injury to his low back. The clinical records for review include a 11/26/13 lumbar MRI (magnetic resonance imaging) that demonstrates a compression deformity at L5 with disc desiccation at multiple levels, central disc protrusions from T12-L1 through L5-S1, but no documentation of specific compressive findings with the exception of the L4 level where there was contact of the exiting Final Determination Letter for IMR Case Number CM13-0067452 3 nerve root secondary to disc bulge and recess narrowing. An 11/22/13 progress report indicated ongoing complaints of low back and radiating leg pain with objective findings showing a well appearing male in no acute distress with restricted lumbar range of motion, no neurologic, motor, sensory deficits, and negative straight leg raise. The claimant was diagnosed with an L5 compression fracture and focal disc degeneration. He was referred to pain management for injections as well as continuation of physical therapy. It states that he was contemplating maximum medical improvement based on finishing of physical therapy regimen. At present there is a request for a lumbar support for this individual at this chronic stage and course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

BRACE/SPLIN OR SUPPORT: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,298 and 301.

Decision rationale: Based on California MTUS Guidelines, a lumbar brace would not be indicated. While the claimant was noted to be with an isolated L5 compression fracture it was noted to have occurred at time of February 2013 injury. At timeframe of request for the brace, this individual was nine months following time of injury with stable presentation on both physical examination and imaging. The acute request for a lumbar brace which is only recommended for short term, symptomatic relief in the acute setting would not be indicated at this chronic stage in the claimant's clinical course of care.