

Case Number:	CM13-0068672		
Date Assigned:	06/23/2014	Date of Injury:	02/01/2000
Decision Date:	08/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old male with a reported injury on 02/01/2000. He acquired his injury when he hit a truck while he was driving a forklift. The injured worker had an examination on 12/06/2013 with ongoing symptoms of pain, constant, to his lower back and to the right side of his lower back all the way down to the right leg. The injured worker was awaiting a pending back lumbar fusion and laminectomy. The injured worker complained of numbness and weakness of the right leg and heaviness to the left leg. The previous treatments that have been provided were medications, physical therapy, a back brace, epidural steroid injections, and facet blocks which all have provided only temporary relief. The examination revealed that his lateral bending was at 10 degrees to 20 degrees with pain, the extension was at 10 degrees to 20 degrees with mild pain and forward flexion the patient was able to reach his knees. Motor strength was at a 5/5 bilaterally and the sensation to light touch was intact bilaterally, as well. His reflexes were equal bilaterally to the knee and the ankle and he did have a positive straight leg raise test to the right. There was no pain with the range of motion. The previous MRI of the lumbar spine did show that there was right paracentral/foraminal disc protrusion disc disease and arthropathy. There was no spinal stenosis. There were no significant bulges, herniation, or spinal canal stenosis. The list of medications was not provided, nor was there a list of the efficacy of the medication. The diagnoses included lumbar radiculopathy, degeneration lumbar intervertebral disc, numbness, low back pain, paresthesias, displacement of the lumbar intervertebral disc without myelopathy, pain in the right limb, radiculopathy, and sciatica. The recommended plan of treatment is surgery due to severe disc collapse and severe foraminal compromise. The surgery is for fusion and decompression. The request for the LSO back brace purchase was not provided, nor was the rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace purchase: 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, back brace/post-op fusion.

Decision rationale: The request for the LSO brace purchase is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines and the American College of Occupational and Environmental Medicine Guidelines do not address this request. The injured worker has had previous treatment of medication, physical therapy, back brace, epidural steroidal injections and facet blocks with only temporary relief. The injured worker is pending a back lumbar fusion and laminectomy. The Official Disability Guidelines state that a back brace is still under study with a lack of evidence supporting the use of these devices. A standard brace would be preferred over a custom postop brace. There is conflicting evidence to support the benefit of bracing. Furthermore, it is unknown if the surgery was authorized. Also, the LSO brace purchase does not specify the duration and the frequency as to how this brace is to be worn. Therefore, the LSO brace purchase is not medically necessary.