

Case Number:	CM14-0002679		
Date Assigned:	01/29/2014	Date of Injury:	05/03/2005
Decision Date:	06/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 52 year old female with a date of injury on 5/03/2005. Patient has been treated for ongoing symptoms in her lower back, and is status post anterior lumbar fusion L4-S1 in 2008. Subjective complaints are of a flare of lower back pain, that is limiting her activities, and is not achieving pain control with medications. Physical exam shows tenderness to the lower back, with decreased range of motion, decreased sensation at left L4-S1 dermatomes, and positive straight leg raise test. There was no weakness in the lower extremities. Previous treatments include physical therapy, chiropractic, injections, medications, psychotherapy, and functional restoration program. Submitted documentation does not indicate an acute injury or procedure that preceded this request for a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO BRACE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no clinical documentation submitted that demonstrated evidence of an acute injury or recent spinal procedure. Since lumbar support is only indicated in the acute phase of injury or surgery, this patient does not qualify due to the chronic nature of her complaints. Therefore, the medical necessity of a LSO back brace is not established.