MAXIMUS Federal Services

Case Number:	CM14-0106904		
Date Assigned:	08/01/2014	Date of Injury:	09/04/2007
Decision Date:	09/19/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 patient is a 56-year-old male with date of injury of 09/04/2007. The listed diagnoses per Beth Blankenship, PA-C dated 02/19/2014 are: 1. Spondylosis of the thoracic spine. 2. Chronic pain syndrome. 3. Long-term current use of other medications. 4. Failed back syndrome, lumbar spine. 5. Cervicalgia. 6. Thoracic spine pain. 7. Radiculopathy of the lumbar spine. 8. Cervical radiculopathy. According to this report, the patient complains of thoracic and lumbar back pain. He is doing better in the thoracic spine since his last injection. He continues to have lumbar back pain with radiculitis down the posterior buttocks and thigh on the left. The physical examination shows the patient has an antalgic gait favoring the left leg. Patient recently had a left ankle surgery, date of which is unknown. There is decreased lumbar lordosis. Cervical range of motion is restricted. Muscle strength is unchanged from last visit. Negative Romberg's exam and normal motion with rapid-alternating movements. The utilization review denied the request on 03/12/2014.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation lumbar supports.

Decision rationale: This patient presents with back pain. The treating physician is requesting a back brace. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar support states, "not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." The progress report dated 05/19/2014 notes, "He also has a back brace from his last surgery which has some crack with his activities. We will have him fitted with a more appropriate brace to help him maintain his QOL." It appears the patient has been utilizing a back which has worn out and requires replacing, but the treater does not document fracture, instability, or spondylolisthesis to warrant lumbar bracing. Given the above the request is not medically necessary.