

Case Number:	CM14-0107756		
Date Assigned:	08/01/2014	Date of Injury:	11/30/2005
Decision Date:	09/19/2014	UR Denial Date:	06/13/2014
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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 41 year old who was injured on 11/30/2005. The diagnoses are low back pain, neck pain, thoracic spine injury, multiple joints pain and headache. There are associated diagnoses of insomnia, suicidal ideation, depression and anxiety. The past surgery history is significant for lumbar spine fusion, and right tibia/ankle surgery. The patient had completed many interventional pain procedures and PT. On 5/20/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities, bowel/bladder involvement, wheelchair use and difficulty with ADL. There are decreased sensory and motor functions of the lower extremities. The patient have 24/7 custodial care. The patient had been utilizing a lumbar brace but the brace was torn and no longer functional. The medications are Zoloft, Atarax and Wellbutrin for depression, Ambien for sleep and OxyContin for pain. A Utilization Review determination was rendered on 6/13/2014 recommending non certification for L0625 M-Brace #572 lumblock Brace Size L.

IMR ISSUES, DECISIONS AND RATIONALES

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

M-Brace # 572 Lumblock Brace (size L) QTY 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 pp 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.
Decision based on Non-MTUS Citation ODG- Low Back Complaints.

Decision rationale: The CA MTUS and the ACOEM guidelines did not recommend the use of lumbar brace for symptom relief beyond the acute injury phase. The record indicate that the patient was diagnosed with T3 spastic paraparesis. He has a 24/7 custodial care for ADL. The patient had been utilizing a back brace to improve mobility and physical activity such as getting in and out of bed. The patient also reported reduction in pain with the use of a prior lumbar brace. Medicare classifies Durable Medical Equipment (DME) as an equipment than can provide therapeutic benefit that would enable the patient to perform tasks that was impossible to accomplish without the DME. The criteria for the use of L0625 M-Brace #572 Lumlock Brace Size L was met.