

Case Number:	CM14-0014892		
Date Assigned:	02/28/2014	Date of Injury:	11/19/2012
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Surgery has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 has a date of injury of November 19, 2012. He has chronic low back pain. He's diagnosed with stenosis, herniated disc and radiculopathy. His injury occurred when he fell to the ground developed low back pain. The patient is taken medications to include narcotics. On physical examination he has limited range of motion of the back. He has normal gait and normal motor strength. Straight leg raising is positive bilaterally. There is decreased sensation and L4-L5 and S1. The patient has a history of back surgery. X-rays are negative for instability. MRI shows stenosis with disc herniation L3-4, moderate stenosis at L2-3 and severe at L4-5. Treatment includes physical therapy medications and injections. At issue is whether lumbar bracing is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP CYBERTECH CUSTOM SOFT BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 Chapter, Lumbar Bracing.

Decision rationale: This patient does not meet criteria for lumbar bracing. Specifically, lumbar bracing has not been shown to improve chronic low back pain. In addition, there is no role for lumbar bracing after lumbar decompressive surgery. Nothing in the patient's medical record indicates that the patient is a candidate for lumbar bracing. There is no evidence of fracture, lumbar instability, tumor, or significant structural instability in the lumbar spine. Guidelines do not support the use of Lumbar Bracing for chronic low back pain or after lumbar decompressive surgery. Therefore, the request is not medically necessary.