

Case Number:	CM14-0018307		
Date Assigned:	04/18/2014	Date of Injury:	05/18/2009
Decision Date:	07/17/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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 and is licensed to practice in Mississippi. 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 records indicate that this 51 year old injured worker sustained his low back injury in May, 2009. Previous reviewers felt that the clinical findings did not support this request. Treatment has included multiple sessions of physical therapy, lumbar surgery (October 15, 2013), psychotherapy and a previous back brace. The January progress notes indicate ongoing low back pain and posterior thigh and left leg pain. A laminectomy from L2 through L5 is reported. There is a noted decrease in lumbar spine range of motion; however, the physical examination was noted to be intact. An extra large pre-fabricated lumbar brace has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRA LARGE PRE-FABRICATED LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This is an individual who is undergoing a multiple level lumbar surgery. A decrease in range of motion is noted. The ACOEM Guidelines supports a brace during the healing process; however, increasing activity reduces low back pain post operatively. Therefore, a device that prevents lumbar motion is not supported. Given that the postoperative period is

more than 6 months ago, increased functionality and range of motion is encouraged. There is no data presented to support a replacement of the lumbar back brace. As such, the request is not medically necessary and appropriate.