

Case Number:	CM14-0019143		
Date Assigned:	04/23/2014	Date of Injury:	09/08/2008
Decision Date:	07/28/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/14/2014

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 Management, 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 57-year-old male who has submitted a claim for thoracolumbar sprain/strain, bilateral lower extremity radiculopathy, disc bulges 2mm L3-4, 7mm L4-5, 6mm L5-S1, facet osteoarthritis, mild to moderate L4-S1 stenosis, cervico-trapezial sprain/strain, bilateral upper extremity radiculopathy, cervical spine disc bulges with spurring, right shoulder strain/tendonitis/bursitis/impingement/partial tear, s/p right shoulder arthroscopy, bilateral wrist sprain, associated with an industrial injury date of September 8, 2008. Medical records from 2013 were reviewed. A medical summary dated 12/30/2013, revealed persistent low back pain with numbness and tingling sensation of both feet. It was associated with difficulty in ambulation. There was no objective findings submitted for review. Treatment to date has included medications and plans for lumbar decompressive surgery. Patient wore a back brace since March 2013 to help in ambulation. Utilization review from 02/11/2014 denied the request for the purchase of 1 back brace between 02/10/2014 and 03/27/2014 because there was no information submitted confirming the patient's likely benefit from the use of a back brace. The request did not meet guideline recommendations which include compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) BACK BRACE BETWEEN 2/10/2014 AND 3/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Online Version: Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

Decision rationale: According to page 301 of the ACOEM Low Back Complaints Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, ODG states that lumbar supports are not recommended for prevention. It is only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, the rationale for requesting a back brace is for lumbar support. However, the medical records of the patient revealed no documented evidence of spondylolisthesis, instability, post-operative state, and compression fracture despite the persistent low back pain. Moreover, the patient has had low back pain since 2010, and guidelines only recommend lumbar supports during the acute phase of treatment. There is no indication for the use of back brace at this time. Therefore, the purchase of (1) back brace between 02/10/2014 and 03/27/2014 is not medically necessary and appropriate.