MAXIMUS Federal Services

Case Number:	CM14-0110626		
Date Assigned:	08/01/2014	Date of Injury:	10/14/2009
Decision Date:	09/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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, 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 injured worker is a 57-year-old male who reported an injury on 10/14/2009 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 06/06/2014 for reports of back pain. The exam noted a positive straight leg raise on the right. Lumbar facet pain was noted bilaterally in the L3 to S1 region. There was tenderness to palpation in the lumbar paraspinal muscles and a positive twitch response over the paraspinous muscles. The greater trochanter bursa revealed tenderness bilaterally. Anterior flexion of the lumbar spine was noted at 40 degrees and flexion caused pain. The lumbar extension was noted to be at 15 degrees with pain. The motor strength was noted to be at 4/5 for dorsiflexion and knee extension. Decreased sensation was noted on the right in the L3-4 dermatomal distribution. The treatment plan included a lumbar brace, a TENS unit and a followup for prescription refills. The clinical notes indicate the Solly LSO back brace was indicated to expedite the injured worker's ability to return to work, assist with spinal instability, diminish axial loading, restore normal ADLs, and promote healing after a spinal procedure. The diagnoses included lumbar spondylosis, degenerative disc disease, and pain disorder. The request for authorization was not found in the request. The rationale for the request was noted in the office notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solly LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for Solly LSO back brace is non-certified. The California MTUS/ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is a significant lack of clinical evidence of instability in the documentation provided to support the use of a lumbar back brace. Furthermore, the patient is no longer in the acute phase of treatment. Therefore, due to the significant lack of clinical evidence in the documentation provided and lumbar instability and the patient's current condition exceeding the timeframe to be considered acute, the request for Solly LSO back brace is non-certified.