

Case Number:	CM14-0133094		
Date Assigned:	08/22/2014	Date of Injury:	01/20/1992
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 61-year-old female who reported an injury on 01/28/1992. The mechanism of injury was not submitted for review. The injured worker has diagnosis of status post lumbar spine surgery, low back pain, cervicalgia, and lumbar radiculopathy. Past medical treatment consists of a home exercise program, band stretching, physical therapy and medication therapy. Medications include cyclobenzaprine, Exalgo, Norco, Abilify, Ambien, Buspirone, Lidoderm 5% patch, Lyrica, trazodone, and Xanax. On 08/05/2014, the injured worker complained of spinal pain. On physical examination, the injured worker had a pain of 3/10. Examination of the cervical spine revealed axial with an exaggerated kyphosis at the cervicothoracic junction. There was a painful, loading of the spinous process at C7-T1. Loading of the facet joint line was painful at C6, C7, and T1 bilaterally. There was modest cervical muscle spasticity. Range of motion was globally reduced in the range of 15% to 20%. Examination of the lumbar spine revealed axial with pain to percussion at L4, L5, and S1. S1 joint testing was negative. Piriformis testing was negative. Fabere's testing produced some low back pain. Extremities were without deformity, warmth or redness, or edema. There was a right lower extremity AFO brace in place. There were no visible joint effusions. On 09/18/2013, the injured worker underwent an MRI of the lumbar spine which indicated that the injured worker was status post dorsal fusion with laminectomies at the L3 through S1 level with incorporation of fused disc spaces appearing complete. The injured worker underwent back surgery in 1992, neck surgery in 1993, back surgery in 1994, back surgery in 1999, and back surgery again in 2011. The treatment plan is for the injured worker to receive a custom back brace. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301; 297-298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for Custom Back Brace is not medically necessary. The ACOEM/California MTUS Guidelines state because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. There is no medical indication that a back brace would assist in the treatment of the injured worker. As such, the request for a Custom Back Brace is not medically necessary.