

Case Number:	CM14-0151772		
Date Assigned:	09/19/2014	Date of Injury:	12/27/2010
Decision Date:	10/23/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 Texas. 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:

Medical records reflect the claimant is a 48 year old male who sustained a work injury on 12-27-10. The claimant is status post bilateral laminectomy and decompression at L4-L5 and L5-S1 on 4-23-12. Office visit on 7-9-14, the claimant reported constant low back pain. He uses Norco for pain. On exam, the claimant has an antalgic gait and limited range of motion. X-rays on 4-8-14 showed degenerative disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Rigid Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter

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

Decision rationale: ACOEM notes that lumbar supports are not recommended for treatment of low back pain. There is an absence in objective data noting that this claimant recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (low back pain) (very low-quality evidence, but may be a conservative option) under study for post-operative use. There is an absence in

documentation noting that this claimant has any of the conditions that would require the use of a lumbar brace. Therefore, the medical necessity of this request is not established.