

Case Number:	CM14-0159509		
Date Assigned:	10/03/2014	Date of Injury:	04/01/2013
Decision Date:	10/30/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

This injured worker is a 56-year old gentleman who injured his low back in a work-related accident on 04/01/13 as a result of cumulative trauma. The clinical records provided for review included the office note dated 09/08/2014 that noted continued complaints of low back pain and failed conservative care. Physical examination was documented to show positive straight leg raise and numbness at an L5 dermatomal distribution. During the office visit the injured worker's MRI and imaging findings were reviewed. The recommendation was made for an anterior/posterior lumbar fusion at the L4-5 level. The proposed surgery was not authorized by the Utilization review process. This request is for a post-operative lumbar brace for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 298, 301.

Decision rationale: California ACOEM Guidelines do not recommend the use of lumbar bracing past the acute onset of symptoms. In addition, the proposed lumbar fusion is not recommended as medically necessary by Utilization Review. For these reasons, the request for postoperative use of a lumbar brace is not medically necessary.