

Case Number:	CM14-0169806		
Date Assigned:	10/17/2014	Date of Injury:	06/21/2011
Decision Date:	12/02/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Spine Surgeon 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:

The injured worker is a 45-year-old male who reported an injury on 06/21/2011. Reportedly the injured worker slipped and landed on his left knee. Prior treatment history included medications, surgery, CT scans, x-rays of the lumbar spine, and MRI studies. The injured worker was evaluated on 08/26/2014, and it was documented the injured worker complained of constant low back pain rated at 8/10 to 9/10 on the pain scale, with associated cramping sensation especially at night, left worse than right. He reports that he had underwent a CT scan of the lumbar spine. Physical examination of the lumbar spine revealed paraspinal spasms. Orthopedic testing revealed negative straight leg raise test. Motor strength examination of the lower extremities was 5/5. The calves are soft and nontender. Radiographic examination revealed AP and lateral views of the lumbar spine to be in excellent position. The Request for Authorization dated 08/26/2014 was for a lumbar brace. Diagnoses included status post anterior lumbar interbody fusion and posterior decompression at L5-S1, slowly progressing.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace: 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, Lumbar supports, Back Brace, Post-operative fusion)

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

Decision rationale: CA MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend this option as beneficial beyond the acute phase of symptom relief. The documents provided state the injured worker's surgery was on 05/17/2014. While lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is several months postop. There is no indication of any conservative treatment postoperatively documented on why the injured worker would benefit from the LSO back brace. The request for LSO back brace is not medically necessary.