

Case Number:	CM14-0176283		
Date Assigned:	10/29/2014	Date of Injury:	07/10/2012
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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 Emergency 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 23 year-old female, who sustained an injury on July 10, 2012. The mechanism of injury occurred when she tripped and fell. Diagnostics have included: September 2, 2014 lumbar spine x-rays reported as showing no spondylosis, spondylothesis of severe degenerative changes; July 19, 2014 lumbar spine magnetic resonance imaging (MRI) reported as showing mild left foraminal disc protrusion without nerve root impingement. Treatments have included: physical therapy, chiropractic, medications. The current diagnosis is: left L5-S1 disc herniation. The stated purpose of the request for Back Brace was for post-operative support for a requested discectomy to enhance recovery and rehabilitation. The request for Back Brace was denied on October 2, 2014, noting that the injured worker would not be having a fusion. Per the report dated September 2, 2014, the treating physician noted complaints of back pain. Exam findings included lumbar tenderness, spasm, guarding, reduced range of motion, decreased left L5-S1 dermatomal sensation, positive left straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Low Back, (updated 08/22/2014) Back Brace, Post operative (fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports

Decision rationale: The requested back brace, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative fusion treatment."The injured worker has back pain. The treating physician has documented lumbar tenderness, spasm, guarding, reduced range of motion, decreased left L5-S1 dermatomal sensation, positive left straight leg raising test. Although the treating physician has recommended a discectomy, the treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative fusion treatment. The criteria noted above not having been met, back brace is not medically necessary.