MAXIMUS Federal Services

Case Number:	CM14-0020370		
Date Assigned:	05/02/2014	Date of Injury:	01/14/2011
Decision Date:	08/06/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Therapy, 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 patient is a 42-year-old male who has submitted a claim for status post spinal fusion, lumbar spine sprain, knee internal derangement, hip strain/sprain, lateral meniscus tear, lumbar radiculopathy, and lumbar intervertebral disc, associated with an industrial injury date of January 14, 2011. Medical records from 2013 were reviewed. The latest progress report, dated 12/17/13, showed persistent low back pain. The medication was helping slightly and his sleep was better. Physical examination revealed tenderness of the paraspinal muscles with decreased range of motion. The patient had a surgical history of C5-6 fusion in 2004 and C6-7 fusion in January 2013. Lumbar MRI performed on 6/20/12 showed 1.5mm broad based posterior osteophyte complex at L1-2 indenting anterior aspect of thecal sac, a 1.5mm osteophyte complex indenting anterior aspect of thecal sac, hypertrophic changes at facet joint of L3-4 with 3mm central posterior disc protrusion causing pressure over anterior aspect of thecal sac. There was disc desiccation at L4-5 and osteophyte complex making contact with anterior aspect of thecal sac and encroaching into both neural foramina. There was 3mm anterolisthesis of L5 over S1. Moderate hypertrophic changes at facet joint of L5-S1 right side associated with 3mm of anterolisthesis of L5 over S1 with moderate narrowing of the right neural foramen. There was disc desiccation with suggestion of an annular fissure. Treatment to date has included cervical spine surgery, lumbar epidural steroid injection, caudal block, transforaminal block, and medications. The patient was planned for lumbar spine decompression surgery to relieve the symptomatology of the L4-5 and L5-S1 discs.

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 cite any medical evidence for its decision.

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

Decision rationale: According to page 301 of the California MTUS/ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, patient complained of back pain since the industrial injury date of January 2011, which is beyond the acute phase of symptoms. Guideline criterion was not met. There is no clear indication for a back brace at this time. Therefore, the request for a back brace is not medically necessary.