

Case Number:	CM14-0025906		
Date Assigned:	06/13/2014	Date of Injury:	12/24/1996
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 Preventive 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:

According to the records made available for review, this is a 71-year-old female with a 12/24/94 date of injury who is status post L4-5 posterior lumbar fusion in 2003. On 2/19/14 there was a request for authorization for a lumbar back support DDS500 brace. At that time there was documentation of low back pain subjectively, along with objective findings including tenderness to palpation over the lumbar spine with paravertebral spasms, decreased lumbar range of motion, diffuse lower extremity muscle weakness, and decreased sensation along the dorsal aspect of the foot. This documentation lists the current diagnosis as lumbar post-laminectomy syndrome and indicates treatment to date has included lumbar epidural steroid injection, medications, and a home exercise program. There is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BACK SUPPORT DDS500 BRACE: Upheld

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

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 Support.

Decision rationale: MTUS reference to ACOEM identifies that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of a diagnosis of lumbar post-laminectomy syndrome. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the requested lumbar back support DDS500 brace is not medically necessary.