

Case Number:	CM14-0028317		
Date Assigned:	04/07/2014	Date of Injury:	10/15/2009
Decision Date:	05/27/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 51-year-old male with a date of injury of 10/15/09. The listed diagnoses per [REDACTED] are open reduction and internal fixation of the right foot with removal of hardware, and lower back pain with bilateral lower extremity radiculopathy. According to the report dated 12/17/13, the patient presents with continued low back pain and right ankle pain. The primary treating physician is requesting an LSO brace. The patient suffered a right calcaneus fracture and underwent an open reduction internal fixation in 2009. The patient also underwent subtalar joint fusion, right foot, and removal of previous hardware on 4/26/12. Treatment, thus far, has included physical therapy, acupuncture, epidural steroid injection, and facet joint blocks. A report from 10/25/13 by [REDACTED] reports that the patient continues with lower back pain with bilateral lower extremity weakness. There is a burning sensation after increase in activity. The patient also complains of right foot pain while walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient presents with continued low back pain and right ankle pain. The primary treating physician is requesting an LSO brace. The ACOEM guidelines for lumbar bracing state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines state that lumbar supports are not recommended for prevention. However, they are recommended as an option for compression fractures, the treatment of spondylolisthesis, documented instability, and for the treatment of nonspecific low back pain. In this case, the patient does not present with fracture, instability, or spondylolisthesis to warrant lumbar bracing. The patient does have nonspecific low back pain, but there is very low-quality evidence for this. Given the lack of support from guidelines, the request is not medically necessary.