

Case Number:	CM14-0036347		
Date Assigned:	04/09/2014	Date of Injury:	07/12/2010
Decision Date:	05/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/30/2014

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 Surgery, and is licensed to practice in New York. 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 53-year-old male with chronic low back pain and leg pain. He was injured at work on July 12, 2010. He is taking medications and had epidural injections with no relief. He's had back pain for seven years. Physical examination shows right buttock tenderness. The patient has a BMI of 40.9. Physical examination does not show any significant abnormality and sensory, motor, or deep tendon reflexes in the bilateral lower extremities. There is some tenderness to palpation thoracic and lumbar spine. A CT scan lumbar spine shows multiple degenerative changes. An MRI of the lumbar spine shows small left-sided disc protrusion at L2-3. There is a disc osteophyte complex at L3-4. At L5-S1, there is some impingement of the S1 nerve root on the left. EMG from June 2010 did not show any abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

A POST-OPERATIVE 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient does not meet established criteria for spinal surgery. There is no documentation of spinal instability, fracture, tumor, or progressive neurologic deficit. In addition there is no specific documentation of radiculopathy. There is no documentation of myelopathy. Since spinal surgery is not medically necessary, then postoperative bracing is not needed. There is no medical necessity for postoperative bracing. Criteria for spinal surgery and therefore postoperative bracing not met. Furthermore, the Official Disability Guidelines do not recommend bracing for degenerative lumbar conditions. As such, the request is not medically necessary.