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| Case Number: | CM14-0036706 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 11/10/2009 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

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 32-year-old male with an 11/10/09 date of injury. At the time (2/4/14) of request for authorization for Purchase of a lumbar brace, there is documentation of subjective (gets cramping and burning pain intermittently, but denies any sharp shooting pain, and back feels irritated) and objective (positive tenderness in paralumbar musculature, posterior superior iliac spine region, positive muscle spasm in the paralumbar musculature, and pain with lumbar flexion and extension) findings, current diagnoses (low back pain, lumbar disc herniation with annular tear, radiculopathy right lower extremity, resolved, and bilateral foot pain), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine, Diclofenac, Tramadol, and Omeprazole)). 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:

Purchase of a lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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; and Back Brace, post operative (fusion).

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond 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 diagnoses of low back pain, lumbar disc herniation with annular tear, radiculopathy right lower extremity, resolved, and bilateral foot pain. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Purchase of a lumbar brace is not medically necessary.