

Case Number:	CM14-0044519		
Date Assigned:	07/02/2014	Date of Injury:	12/22/2010
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51-year-old male who reported an injury 12/22/2010. The mechanism of injury was noted to be a fall. He is diagnosed with postlaminectomy syndrome with failed back syndrome and development of myofascial pain syndrome. His past treatments included physical therapy, medications, chiropractic care, massage, epidural steroid injections and work modifications. His surgical history included a laminectomy, partial medial facetectomy at the L4-5 and L5-S1 levels on 05/09/2013. He is diagnosed with postlaminectomy syndrome with failed back syndrome and development of myofascial pain syndrome. On 03/14/2014 the injured worker presented with complaints of low back pain, rated 8/10. His physical examination revealed decreased range of motion of the lumbar spine, positive left straight leg raise, and positive bilateral Lasegue's test. His medications included hydrocodone, Celebrex and omeprazole. The treatment plan was noted to include a lumbar discogram to evaluate the injured worker's need for a posterior lumbar interbody fusion. It was also noted that an LSO brace was prescribed for support and relief to facilitate rapid recovery. A Request for Authorization form for the requested lumbar brace was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request is not medically necessary. According to the California MTUS/ACOEM Guidelines lumbar supports are not recommended beyond the acute phase of symptom relief. As the injured worker was noted to have chronic low back pain since his 2010 injury and the guidelines only support use of the lumbar braces for acute symptom relief the request is not support. As such, the requested service is not medically necessary.