

Case Number:	CM14-0058548		
Date Assigned:	07/09/2014	Date of Injury:	08/13/2008
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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:

The injured worker is a 39 year-old female, who sustained an injury on August 13, 2008. The mechanism of injury occurred from lifting. Diagnostics have included: March 4, 2014 lumbar spine magnetic resonance imaging (MRI) was reported as showing L5-S1 fusion and L4-5 small disc bulge. Treatments have included: medications, physical therapy, pool therapy, epidural steroid injections, 2010 lumbar fusion. The current diagnoses are: cervical spine strain/sprain, lumbar radiculopathy s/p spinal fusion, failed back syndrome. The stated purpose of the request for Durable Medical Equipment: Lumbar Brace, was not noted. The request for Durable Medical Equipment: Lumbar Brace, was denied on March 26, 2014, citing that a lumbar brace is not guideline-supported past the acute phase of injury treatment and the injury was over five years old. Per the report dated March 14, 2014 the treating physician noted complaints of pain to the neck, low back, and bilateral lower extremities with difficulty walking and weakness. Exam findings included normal lower extremity sensation but decreased muscle strength and positive bilateral straight leg raising tests. Per a January 28, 2014 agreed medical evaluator report, Future Medical Care included medications, and orthopedic follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Lumbar Brace: Upheld

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

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 & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Durable Medical Equipment: Lumbar Brace, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific low back pain. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The injured worker has pain to the neck, low back, and bilateral lower extremities with difficulty walking and weakness. The treating physician has documented normal lower extremity sensation but decreased muscle strength and positive bilateral straight leg raising tests. The patient is s/p lumbar fusion 2010. The injury is six years old and therefore not within an acute phase of treatment. Further the treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment (lumbar fusion performed in 2010). The criteria noted above not having been met, Durable Medical Equipment: Lumbar Brace, is not medically necessary.