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| Case Number: | CM14-0062239 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 08/16/2012 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 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 61-year-old female who reported an injury on 08/16/2012. The mechanism of injury was not provided within the documentation submitted for review. Prior treatments were noted to be physical therapy, chiropractic treatment and epidural steroid injections. She had an MRI and an x-ray. The MRI demonstrated L3-4, L4-5 and L5-S1 pathology. The lumbar spine x-ray showed 3 mm of instability at L4-5 and significant spondylosis at L5-S1. Her diagnoses were noted to be lumbago and spinal stenosis of lumbar region. The injured worker had a clinical evaluation on 01/08/2014. Her subjective complaints were noted to be low back pain rated a 7/10. She indicated the pain radiated into the bilateral hamstrings, calves and feet, with pain being worse on the left. The objective physical exam findings reveal muscle spasms palpable next to the spinous processes with the injured worker lying prone. Flexion and extension were limited due to pain in the lumbosacral region. She had intact sensation to light touch and pinprick in all dermatomes. The treatment recommendation was for L4-5 micro decompression bilaterally and left L5-S1 micro decompression surgery. The rationale was not provided with the request. A Request for Authorization form was not provided within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Back Brace (lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: The request for orthopedic back brace (lumbar) is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines do not recommend lumbar supports for prevention. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain. The clinical evaluation does not objectively support an acute phase, nor does the documentation support compression fractures. There was no documentation of instability. Therefore, the request for orthopedic back brace (lumbar) is not medically necessary.