

Case Number:	CM14-0068703		
Date Assigned:	07/14/2014	Date of Injury:	07/26/2009
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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 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:

This 47 year-old patient sustained an injury on 7/26/09 while employed by [REDACTED]. Request(s) under consideration include 1 Thoracic support brace. AME report of 5/24/13 noted patient fell from a horse. Diagnosis include T12 burst/compression fracture without report of loss of consciousness. There was mention of physician at [REDACTED] deeming the patient capable of working without restrictions on 8/29/10. The patient continued to treat with conservative care to include chiropractic, physical therapy, facet injections, acupuncture, medications, and activity modification/rest. Exam showed normal gait; no spasm of thoracic and lumbar region; tenderness of thoracic and lumbar region; normal sensation and motor strength of the lower extremities; negative SLR/Patrick's. Diagnoses included T12 compression/burst fracture/ thoracic strain; lumbosacral strain/ degenerative disease. The AME noted it has been 4 years since the patient's injury and the patient has received a great deal of treatment and has resumed full-time employment. The patient was considered MMI as of 5/9/13 with future medical for periodic evaluation, x-rays, medication, short courses of therapy (no more than 12/year and possible injections without anticipation for any spinal surgery. Report of 3/31/14 from the provider noted the patient with mid and lower back pain. Exam showed decreased back range of motion; parathoracic tenderness at T9 to T12-L1. Report of 5/12/14 noted unchanged mid and lower back pain. Exam showed parathoracic tenderness from T9 to T12-L1 with paralumbar tenderness from L1-L2 with slight spasms. Diagnoses include T12 compression fracture with chronic thoracic pain and upper lumbar pain improved on acupuncture and chiropractic treatments; chronic bilateral lower extremity radicular symptoms, currently not active; migraine headaches, not work related. Treatment included continuing Ibuprofen and acupuncture treatment. Request(s) for 1 Thoracic support brace was non-certified on 5/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Thoracic support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

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, Back brace, page 372.

Decision rationale: The patient has been P&S over 1 year ago per AME for chronic thoracic burst fracture injury of 2009. There are no presented diagnoses of instability, acute compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic mid/low back pain. Reports have not adequately demonstrated the medical indication for the DME. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for thoracic brace cannot be medically recommended. CA MTUS notes back supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2009. In addition, ODG states that back supports are not recommended for prevention; is under study for treatment of nonspecific back pain; and only recommended as an option for acute compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The 1 Thoracic support brace is not medically necessary and appropriate.