

Case Number:	CM14-0074162		
Date Assigned:	07/16/2014	Date of Injury:	10/09/2009
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgery 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 patient is a 41-year-old male butcher sustained an industrial injury on 10/9/09. Injury occurred while reaching to remove a large trash container. Past surgical history was positive for anterior lumbar interbody fusion L4-S1 on 5/30/12. The 1/5/14 lumbar CT scan demonstrated a nonunion at L4/5. Given the findings of instability at the L4/5 level, the patient underwent L4/5 and L5/S1 partial laminectomy and posterior instrumented fusion on 4/23/14. The 4/23/14 physical therapy report indicated the patient was ambulating independently. Physical exam documented lower extremity range of motion within functional limits and 5/5 muscle strength. The patient required contact guard assist going from sitting to supine and standby assist from supine to sitting. Standing dynamic balance was good. A lumbar sacral corset was requested. The 4/30/14 utilization review modified the request for a lumbar sacral corset to a standard pre-fabricated lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Corset: 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-Treatment for Workman's Compensation-Low Back procedure Summary last updated 2/31/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 138-139.

Decision rationale: The California MTUS guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In general, guidelines indicate a standard brace would be preferred over a custom post-op brace. Guideline criteria have been met for a post-operative brace. The 4/30/14 utilization review modified the request for a lumbar sacral corset to a standard pre-fabricated lumbar brace. There is no compelling reason to support the medical necessity of a custom post-op brace over a standard pre-fabricated one. Therefore, this request for lumbar sacral corset is not medically necessary and appropriate.