

Case Number:	CM14-0087395		
Date Assigned:	07/23/2014	Date of Injury:	02/09/2006
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 Interventional Spine 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 59-year-old male with a date of injury of 02/09/2006. The listed diagnoses per [REDACTED] are: 1. Chronic low back pain syndrome secondary to lumbar facet syndrome. 2. Status post laminectomy with posterolateral fusion, L5-S1. 3. Facet arthropathy, L4-L5. The medical file provided for review includes 3 progress reports. None of the reports provide the date of prior surgeries. According to progress report 04/15/2014, the patient presents with discomfort in his lower back with extension on range of motion. He notes he has a mild backache on the left side. He does not have any radicular pain but rather a sense of stiffness. He describes his strength as great. There is occasional tingling in his foot. Examination of the back revealed well-healed incision, and patient is able to move well on flexion and extension. There is minimal tenderness over the facets at the L5-S1 level. Treating physician states the patient will continue to need a brace. He needs a Quick Draw brace, and I will furnish this to him pending your approval. Utilization Review denied the request on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar quick draw brace purchase times 1: 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 -TWC Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This patient presents with chronic low back pain syndrome secondary to lumbar facet syndrome. The patient most recently presented with mild backache on the left side. treating physician states the patient is doing fairly well but recommends a lumbar Quick Draw brace for purchase. The ACOEM guidelines page 301 on lumbar bracing states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines regarding lumbar support states, Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondyloisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with fracture, documented instability or spondylolisthesis to warrant lumbar bracing. The request is not medically necessary.