

Case Number:	CM14-0010685		
Date Assigned:	02/21/2014	Date of Injury:	10/24/2009
Decision Date:	03/26/2015	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 54 year old female, who sustained an industrial injury reported on 10/24/2009. She has reported for an orthopedic re-evaluation complaining of persistent back pain and spasm. The diagnoses were noted to have included discogenic lower back pain; and status-post disc replacement at lumbar 2-5, on 2/5/2013. Treatments have included consultations; diagnostic imaging studies; discogram - lumbar (9/29/12); lumbar surgery (2/5/13); 41 physical therapy treatments; acupuncture; and medication management. The current status classification for this injured worker (IW) was noted to be temporarily totally disabled and unable to return to work. On 1/21/2014, Utilization Review (UR) non-certified, for medical necessity, the requests made on 1/13/2014, for an Airform back brace E1399. The Medical Treatment Utilization Schedule Guidelines, chronic pain guidelines, low back complaints; American College of Occupational and Environmental Medicine, occupational medicine practice guidelines, physical methods, lumbar supports; and the Official Disability Guidelines, low back, back brace - post-operative fusion, were cited. The progress notes of 1/10/2014 were not available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AIRFORM BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, BACK BRACE, POST OPERATIVE (FUSION)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Low Back, back brace, post-operative (fusion)

Decision rationale: The injured worker has a chronic history of discogenic low back pain status post artificial disc replacement of lumbar 2-5. The MTUS guideline cited for low back pain does not recommend lumbar support for relief of symptoms beyond the acute phase; and in this case, the injured worker is now greater than 2 years post-operative. The ODG cited discusses conflicting evidence for back brace usage during the fusion post-operative period, and except for special circumstances, immobilization may prove to actually be harmful. Given the above information and medical records available, the Airform back brace E1399 request is medically unnecessary.