

Case Number:	CM14-0120224		
Date Assigned:	09/24/2014	Date of Injury:	10/09/2013
Decision Date:	01/20/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Practice and is licensed to practice in North Carolina. 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 37-year-old with a reported date of injury of 10/09/2013. The injury occurred when the patient was driving a forklift and went over a hole and felt a jarring pain in the lower back. Previous prescribed treatment modalities have included epidural steroid injections, trigger point injections, ligament injections, physical therapy and chiropractic care. Per the progress notes from the primary treating physician dated 06/17/2014, the patient had complaints of continuous pain in the lower back that radiates to the bilateral lower extremities. The physical exam noted positive bilateral straight leg raise test, paraspinal spasm and tenderness in the lumbar spine and bilateral sciatic notch and decreased sensation over the posterior calf. The patient was diagnosed with spondylosis, disc herniation, central stenosis, lateral recess stenosis and neuroforaminal stenosis at L4/5 and L5/S1 with bilateral lower extremity radiculopathy confirmed through MRI performed on 12/05/2013. Flexion x-rays of the lumbar spine revealed retrolisthesis at L5/S1. The treatment plan recommendations included anterior posterior fusion and decompression at L4/S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One off the shelf postoperative lumbar brace.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar brace

Decision rationale: The California MTUS and the ACOEM do not address lumbar braces in the post-operative setting. The Official Disability Guidelines states that back braces used post-operatively after lumbar fusion are under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-operative brace, if any, depending on the experience and expertise of the treating physician. The operating physician has requested the brace to be used post-operatively. The brace is not a custom fit, but an off the shelf variety. Therefore criteria as set forth above per the ODG for the use of a post-operative lumbar brace have been met and the request is medically necessary.