MAXIMUS Federal Services

Case Number:	CM14-0165590		
Date Assigned:	10/10/2014	Date of Injury:	06/16/2011
Decision Date:	01/23/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 Texas and Mississippi. 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 injured worker is a 48-year-old male who reported an injury on 06/16/2011. The mechanism of injury was not provided. The injured worker's previous treatments have included medications, physical therapy, surgical intervention, and activity modification. No diagnostic testing was provided for review. However, in a note dated 05/19/2014, there is an indication that x-rays were obtained and the hardware was in the right place, with no lucency around the screws, and alignment was maintained. The injured worker's surgical history included a right arthroscopic knee surgery in 2009 and a transforaminal lumbar interbody fusion at L3 through L5 on 08/06/2013. The injured worker was evaluated on 09/15/2014 for complaints of sharp pain in his back. He had a hardware block 2 weeks prior to that appointment and received 100% relief from the sharp pain for 2 days. The patient requested hardware removal. Physical examination revealed exquisite tenderness to palpation on the left side of the incision, over the screws. The clinician documented motor strength measurement was 5/5 throughout the bilateral lower extremities. Then documented strength measuring 4/5 on the left with hip flexion, knee extension, ankle dorsiflexion, big toe extension, and ankle plantar flexion. Sensation was intact to light touch throughout. All toes were warm and well perfused. The clinician's treatment plan was to request approval for removal of hardware, as well as exploration of a fusion mass. No medication list was provided. The request was for a lumbar brace. No rationale for the request was provided. The Request for Authorization Form was submitted on 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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): 300.

Decision rationale: The request for a lumbar brace is not medically necessary. The injured worker continued to complain of back pain. The California MTUS/ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As the injured worker was more than 3 years post injury, the acute phase has passed. Medical necessity has not been established based on the provided documentation. Therefore, the request for a lumbar brace is not medically necessary.