MAXIMUS Federal Services

Case Number:	CM14-0190773		
Date Assigned:	11/24/2014	Date of Injury:	09/20/2000
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 and 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 51 year old male with an injury date on 9/20/00. Patient complains of persistent low lumbar pain, radiating down to buttocks/hips to the legs and feet per 10/6/14 report. Patient states that prolonged walking/standing worsens his pain per 9/8/14 report. The patient does not have foot drop at this time, and he states that he continues to take his medications "to just move" per 8/20/14 report. Based on the 8/20/14 progress report provided by the treating physician, the diagnoses are:1. L-spine disc syndrome2. L-spine post-surgery syndrome3. L-spine neuritisA physical exam on 10/6/14 showed "painful range of motion." The 8/20/14 report also states "decreased range of motion. Positive straight leg raise on the left at 45 degrees." The patient's treatment history includes bracing, epidural steroid injections, and medications (opioid, NSAID, muscle relaxant, benzodiazepine). The treating physician is requesting back brace purchase. The utilization review determination being challenged is dated 10/29/14 and denies request as the medical necessity for proposed intervention is not established. The requesting physician provided treatment reports from 5/18/14 to 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace purchase: 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 Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, section on lumbar supports

Decision rationale: This patient presents with lower back pain, and pain in bilateral buttocks/hips/legs/feet. The treater has asked for BACK BRACE PURCHASE on 10/6/14. The 8/20/14 report states: "a new lumbar brace is being request in that his old one is extremely worn and not performing well at this point." The utilization review letter dated 10/29/14 states the patient has been using the same lumbar brace since original injury of 14 years ago. Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option).In this case, the patient does not present with a compression fracture, instability, or any other back condition that is indicated per ODG guidelines for a back brace. The patient has been using the back brace for 14 years, but the treater does not provide an explanation as to why a back brace would be necessary. ODG guidelines do not recommend back braces merely for preventive purposes. The requested low back brace purchase is not medically necessary for the patient's condition.