MAXIMUS Federal Services

Case Number:	CM14-0201334		
Date Assigned:	12/11/2014	Date of Injury:	08/22/2003
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This 66 year old male sustained an industrial related injury on 08/22/2003 of unknown mechanism. The results of the injury and previous diagnoses were not discussed. According to the most recent examination by the primary treating physician (10/01/2014), subjective complaints included continued low back pain without medications, inability to get out of bed, and lower extremity numbness. Objective findings upon exam of the lumbar spine (10/01/2014) revealed a healed surgical incision and spasm, painful and limited range of motion (ROM), a positive Lasegue on the right, positive straight leg raise on the right to 50, and pain on the right at S1 distribution. Current diagnoses include lumbar discogenic disease, chronic low back pain, lumbar spondylosis, and status post lumbar fusion. Treatment to date has included previous lumbar fusion (2012 per UR report), assistive devices, medications, acupuncture (per UR) and chiropractic treatments (per UR). Diagnostic testing and results were not provided for review. However, the UR report stated that an agreed medical evaluations (AME) (06/2009 & 07/2009) were reviewed. The UR report also stated that EMG/NCV and a MRI (12/18/2013) were completed. The MRI was reported to show post-operative changes at L4 down to S1 consistent with posterior spinal fusion surgery with multiple reported changes. The lumbar support, as well as a motorized scooter, was requested to assist with getting around. Treatments in place around the time the lumbar support was requested included assistive devices, medications, a home exercise program, and electrical stimulation with a TENS unit. The injured worker's pain was increased without medications. Limited examination findings, in the 5 months prior to request, did not reflect changes in functional deficits or activities of daily living. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care and treatment was unchanged.On 11/19/2014, Utilization Review non-certified a prescription for lumbar support which were requested on 11/12/2014. The lumbar support was

non-certified based on the absence or insufficient evidence of compression fractures, lumbar instability, or recent lumbar surgery to warrant the use of a lumbar brace or immobilization of the lumbar spine. The ACOEM and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support: 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 (ODG), Low Back Chapter, Back braces/lumbar supports

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) Durable medical equipment (DME)

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar brace is recommended for prevention and not for treatment. The patient sustained a chronic back pain since at least 2014 and the need for lumbar brace is unclear. Therefore, the request for Lumbar Brace is not medically necessary.