MAXIMUS Federal Services

Case Number:	CM14-0205885		
Date Assigned:	12/17/2014	Date of Injury:	06/24/2013
Decision Date:	02/10/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency Medicine, 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 injured worker is a 59 year-old male, who sustained an injury on June 24, 2013. The mechanism of injury occurred while pulling a load on a dolly. Diagnostics have included: April 18, 2014 lumbar MRI reported as showing surgical changes Treatments have included: January 30, 2014 lumbar laminotomy and decompression microdiscectomy, physical therapy, medications. The current diagnoses are: lumbar herniated disc, post laminectomy. The stated purpose of the request for Back brace was not noted. The request for Back brace was denied on November 6, 2014, citing a lack of documentation of medical necessity. Per the report dated September 16, 2014, the treating physician noted complaints of back pain. Exam showed positive right straight leg raising test with decreased lumbar range of motion, decreased left Achilles reflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Lumbar Supports, page 301, Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Back brace, is not medically necessary.American College of Occupational and Environmental Medicine (ACOEM),2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note"lumbar supports have not been shown to have any lasting benefitbeyond the acute phase of symptom relief." Official DisabilityGuidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic),Lumbar Supports, also note "Lumbar supports: Not recommended forprevention. Under study for treatment of nonspecific LBP. Recommendedas an option for compression fractures and specific treatment ofspondylolisthesis, documented instability, or post-operativetreatment."The injured worker has back pain. The treating physician has documented positive right straight leg raising test with decreased lumbar range of motion, decreased left Achilles reflex. The treating physician has not documented the presence ofspondylolisthesis, documented instability, or acute post-operativetreatment. The criteria noted above not having been met, Back brace is not medically necessary.