

Case Number:	CM14-0207197		
Date Assigned:	12/19/2014	Date of Injury:	07/18/2011
Decision Date:	02/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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, 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:

This 42 year-old patient sustained an injury on 7/18/11 from carrying wood and slipping on gravel while employed by [REDACTED]. Request(s) under consideration include Low Post back brace. Diagnoses include Lumbar strain/ lumbosacral disc degeneration/ sciatica/ and spondylosis without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Tramadol, Lyrica, Tizanidine, Terocin lotion, Biofreeze, Omeprazole, and Motrin. Report of 10/20/14 from the provider noted the patient with chronic ongoing low back pain and left knee swelling rated at 6-8/10, aggravated by activities. Tramadol was noted to be helpful. Exam showed unchanged findings of left knee medial joint line tenderness, positive McMurray's and patellar compression tests, moderate effusion, and mild laxity to valgus stress; SI joint compression test positive; trigger points in low back region with positive slump test; mild weakness (unspecified grading) with intact sensation and DTRs in bilateral lower extremities. It was noted x-rays in 2012 which the provider identified multilevel degenerative findings and spondylolisthesis; and retrolisthesis of L1 on L2, L3 on L4. Treatment included lumbar corset and functional restoration program. The request(s) for Low Post back brace was non-certified on 11/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Post back brace: 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

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, Back brace, page 372

Decision rationale: Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a low back brace cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2011. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of non-specific LBP; and only recommended as an option for compression fractures and specific treatment of documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Low Post back brace is not medically necessary and appropriate.