

Case Number:	CM14-0207249		
Date Assigned:	12/19/2014	Date of Injury:	05/26/2014
Decision Date:	02/12/2015	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 Orthopedic Surgery, 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 is a 30-year-old female with a 5/26/14 date of injury. According to a progress report dated 11/4/14, the patient was noted to have undergone 12 sessions of physical therapy, noting some improvement, however, her pain persisted. There was distal radiation reported into the bilateral lower extremities, right greater than left. The pain extended primarily into the right anterior thigh and posterior calf. The provider has requested discectomy, foraminotomies L4-5 bilateral, post-operative lumbar brace, and pre-operative medical clearance. Objective findings: not documented. Diagnostic impression: large central protrusion at L4-5, central canal stenosis, bilateral neuroforaminal stenosis. Treatment to date: medication management, activity modification, physical therapy, and chiropractic treatment. A UR decision dated 12/1/14 denied the request for post-op lumbar brace. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Lumbar Supports.

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, in the present case, it is noted that the UR decision dated 12/1/14 denied the request for Discectomy and foraminotomies at bilateral L4-5. Since the initial operative request was not found to be medically necessary, the associated postoperative request cannot be substantiated. Therefore, the request for Post-op lumbar brace was not medically necessary.