

Case Number:	CM14-0055804		
Date Assigned:	07/09/2014	Date of Injury:	04/12/2013
Decision Date:	04/17/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 12, 2013. In a Utilization Review Report dated April 23, 2014, the claims administrator denied a postoperative brace. The claims administrator referenced an RFA form of April 14, 2014 in its determination. The applicant's attorney subsequently appealed. On April 9, 2014, the applicant was given a primary operating diagnosis of L4-L5 lumbar spondylosis. A single level L4-L5 fusion and removal of L5-S1 hardware were proposed, along with cryotherapy, postoperative physical therapy, hospital stay, and a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a post-operative lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
 Page(s): 301.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown of any benefit outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of Utilization Review Report, April 23, 2014, following an industrial injury of April 12, 2013. Introduction, selection, and/or ongoing usage of the lumbar support was not indicated at this late stage in the course of treatment, either preoperative or postoperative. Therefore, the request was not medically necessary.