

Case Number:	CM15-0135833		
Date Assigned:	07/23/2015	Date of Injury:	10/24/2014
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 51-year-old female sustained an industrial injury to the low back on 10/24/14. Previous treatment included physical therapy, chiropractic therapy and medications. Magnetic resonance imaging lumbar spine showed broad based disc protrusion at L4-5 with lumbar spine canal and neuroforaminal stenosis at L4-5. Electromyography/nerve conduction velocity test bilateral lower extremity (6/8/15) showed chronic right L5 radiculopathy. In an orthopedic reevaluation dated 6/23/15, the injured worker complained of persistent back pain with radiation to the right lower extremity. Physical exam was remarkable for lumbar spine with decreased range of motion, decreased sensation in the right L5 distribution, positive right straight leg raise and weakness to the right extensor hallucis longus. Current diagnoses included L4-5 disc protrusion and right L5 radiculopathy. The treatment plan included microdiscectomy at L4-5.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, and Back brace, post-operative.

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 Post-op lumbar 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 benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative fusion treatment." The injured worker has persistent back pain with radiation to the right lower extremity. Physical exam was remarkable for lumbar spine with decreased range of motion, decreased sensation in the right L5 distribution, positive right straight leg raise and weakness to the right extensor hallucis longus. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute fusion post-operative treatment. The criteria noted above not having been met, Post-op lumbar brace is not medically necessary.