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| Case Number: | CM15-0162548 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 04/02/2010 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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:

The injured worker is a 43 year old male who sustained an industrial injury on April 02, 2010. A secondary treating office visit dated July 13, 2015 reported subjective complaint of significant and intractable neck pain. He states his lower back is doing a bit better since the surgery. The following diagnoses were applied: cervical strain and sprain; cervical discopathy at C-3 through C-6; cervical kyphotic deformity; lumbar discopathy at L3-4; L5-S1 spondylolysis without spondylolisthesis; increased uptake along facet joint and pars interarticularis at L5-S1 and status post anterior lumbar interbody fusion L5-S1, artificial disc L3-4. The plan of care noted since the worker does have obvious pseudoarthritis at L5-S1 in addition to having broken hardware there is recommendation for him to wear a rigid lumbar support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rigid LSO Brace: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Rigid LSO Brace is 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 treatment". The injured worker has significant and intractable neck pain. He states his lower back is doing a bit better since the surgery. The following diagnoses were applied: cervical strain and sprain; cervical discopathy at C-3 through C-6; cervical kyphotic deformity; lumbar discopathy at L3-4; L5-S1 spondylolysis without spondylolisthesis; increased uptake along facet joint and pars interarticularis at L5-S1 and status post anterior lumbar interbody fusion L5-S1, artificial disc L3-4. The plan of care noted since the worker does have obvious pseudoarthritis at L5-S1 in addition to having broken hardware there is recommendation for him to wear a rigid lumbar support brace. The criteria noted above having been met, i.e. previous surgery and pseudoarthritis with spondylolysis, Rigid LSO Brace is medically necessary.