

Case Number:	CM15-0167567		
Date Assigned:	09/08/2015	Date of Injury:	12/03/2014
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 12-3-14. He has reported initial complaints of falling about 20 feet off a ladder on his back and hitting his head on a blower tube. The diagnoses have included cervical herniated disc and lumbar herniated disc. Treatment to date has included medications, activity modifications, diagnostics, lumbar fusion 7-30-15, thoracolumbar brace, physical therapy and other modalities. Currently, as per the physician progress note dated 7-30-15, the injured worker is status post thoracolumbar fusion about 7 months ago and states that overall he is feeling better each day. The injured worker has started physical therapy recently. The diagnostic tests included computerized tomography (CT) scan of the thoracolumbar spine dated 7-13-15 that reveals thoracolumbar fusion, old mild compression fracture L1, mild posterior osteophyte formation and disc protrusion at L4-5 with narrowing and lateral recess on the left and mild posterior aspect formation and disc protrusion at L5-S1. The current medications included Fexmid, Prilosec, Lunesta, Tylenol #3, Ultram and Zofran. The objective findings-physical exam reveals that the lower extremity exam shows that the plantar flexors and dorsiflexors are 5 out of 5 bilaterally. The sensation is intact to light touch bilaterally. The physician notes that he would like to order a chair back brace in order to transition the injured worker to a smaller brace. The injured worker is not currently working. The physician requested treatment included a Chair Back Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chair Back 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: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.