MAXIMUS Federal Services

Case Number:	CM15-0189925		
Date Assigned:	10/02/2015	Date of Injury:	05/08/2000
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This injured worker is a 72 year old female who reported an industrial injury on 5-8-2000. Her diagnoses, and or impressions, were noted to include chronic low back pain; lumbago; possible left lumbar radiculopathy with spinal stenosis; rule-out peripheral neuropathy in the lower extremity; and lumbar spondylolisthesis. Recent x-rays of the lumbar spine were done on 8-6-2015, noting multi-level spondylosis and moderate degenerative disc disease; no current imaging studies were noted. Her treatments were noted to include medication management with toxicology studies; and rest from work. The progress notes of 7-13/2015 reported a return visit for follow-up and request for authorization for complaints of: continued and constant pain in the low back, left hip and bilateral hands and feet, > 10 years, with all movements and activities that fluctuates between a 6-10 out of 10, and was made worse by increased activity and lack of medications (Butrans) which was being denied. The objective findings were noted to include no acute distress; pain in the bilateral lumbar 3-sacral 1 facet region and over the lumbar inter-vertebral disc spaces; pain with anterior lumbar flexion and extension; decreased sensation over the bilateral ankles; and absent deep tendon reflexes in the bilateral patellar and Achilles tendons. The physician's requests for treatment were noted to include: a new back brace with more back support for pain reduction and improved function; and was fitted with a "L0637", lumbar-sacral orthosis, sagittal-coronal control with rigid anterior and posterior frame panels. The Request for Authorization, dated 7-13-2015, was noted for lumbar back brace "L0637". The Utilization Review of 9-4-2015 non-certified the request for 1 lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and "L0637", lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care.

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.