

Case Number:	CM15-0194640		
Date Assigned:	10/08/2015	Date of Injury:	01/10/2013
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 1-10-2013. The injured worker is being treated for lumbar disc displacement, lumbar herniation and lumbar radiculopathy. Treatment to date has included surgical intervention (left L4-5 hemilaminectomy, microdiscectomy and placement of epidural catheter of injection of epidural analgesic agent 6-04-2015), chiropractic, injections, physical therapy, activity modification and diagnostics. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker reported aching pain in the low back that started 3 days after his last visit. He began taking Percocet again. Medications included Ibuprofen. Objective findings included low back pain with neck flexion with decreased range of motion upon flexion. Work status was temporarily totally disabled. The plan of care included medications including Voltaren gel, Flexeril and Percocet. Authorization was requested for a lumbar back brace. On 9-08-2015, Utilization Review non-certified the request for lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Back Brace for Lumbar Spine: 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).

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

Decision rationale: Submitted reports have not demonstrated indication of post-op complications, instability, compression fracture, or spondylolisthesis precautions to warrant a back brace for post-surgical back care. Reports have not adequately demonstrated the medical indication for the back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for a back brace cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, ODG states that lumbar orthosis are under study due to a lack of evidence and scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. It can be conferred that prolonged immobilization may result in debilitation and stiffness in long bone fractures and if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is recommended for health of adjacent segments except in special circumstance of multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, and mid-lumbar fractures, etc., in which some external immobilization might be desirable; however, has not been demonstrated in this case with criteria not met with patient s/p one level hemilaminectomy and microdiscectomy without fusion. The Purchase Back Brace for Lumbar Spine is not medically necessary and appropriate.