

Case Number:	CM15-0208480		
Date Assigned:	10/27/2015	Date of Injury:	03/17/2004
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 63 year old male, who sustained an industrial injury on 03-17-2004. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar spinal stenosis, and lumbar facet syndrome. Treatment and diagnostics to date has included cervical and lumbar spine surgery, CT scan and MRI of lumbar spine, medial branch blocks, and medications. Recent medications have included Prozac, Abilify, Naprosyn, Klonopin, and Norco. Subjective data (08-14-2015 and 09-24-2015), included neck, low back, and lower extremity pain. Objective findings (09-24-2015) included an antalgic, wide, shuffling gait and "minimal" range of motion of lumbar spine. The request for authorization dated 09-24-2015 requested physical therapy, second opinion-surgical, consultation, and lumbar back brace. The Utilization Review with a decision date of 10-01-2015 non-certified the request for a back brace. A letter of appeal has been submitted dated 10/4/15 noting that the injured worker's multiple laminectomies may have created a degree of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/ Back Braces/Lumbar supports.

Decision rationale: According to ODG, Back Braces/Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain LBP (very low-quality evidence, but may be a conservative option). In this case, the injured worker has undergone multiple lumbar spine surgical intervention. A letter of appeal has been submitted dated 10/4/15 which notes that the injured worker's multiple laminectomies may have created a degree of instability. The brace is requested as a conservative option to attempt increasing the injured worker's standing and walking tolerance. A review of the medical records and the letter of appeal support the request for a back brace. The request for Back Brace is medically necessary and appropriate.