

Case Number:	CM15-0023328		
Date Assigned:	02/12/2015	Date of Injury:	05/07/2009
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 57-year-old female who reported an injury on 05/07/2009 due to an unspecified mechanism of injury. On 01/05/2015, she presented for a follow-up regarding her severe low back pain. She reported low back pain with lower extremity sciatica complaints. She was noted to have a history of a previous lumbar spine surgery. She rated her pain at a 7/10 to 8/10. A physical examination showed a well nourished and well developed thin female with no acute distress. She was very tender around the mid to upper lumbar level. It was stated that with deep palpation there was tenderness and left greater than right radiating dysesthesias. Sensation was noted to be grossly intact and she had a positive femoral stretch test bilaterally but more on the left. She also had an extremely hard time standing fully upright, and there was moderate to severe decreased range of motion with pain and stiffness. Motor strength was a 5/5 throughout, and she had a marked antalgic gait on the left. She was diagnosed with lumbar postlaminectomy syndrome, displacement of the lumbar intervertebral disc without myelopathy and sciatica. The treatment plan was for a lumbar brace. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back.

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, Lumbar Brace.

Decision rationale: The California MTUS Guidelines indicate that lumbar braces are not recommended for prevention but may be recommended as an option for treatment. The documentation provided does not state a clear rationale for the medical necessity of a purchase of a lumbar brace. There is no evidence that she has instability of the lumbar spine or that she is having any significant functional deficits to support the request. Also, further clarification is needed regarding whether or not the brace is for treatment or prevention. Therefore, the request is not supported. As such, the request is not medically necessary.