MAXIMUS Federal Services

Case Number:	CM15-0024019		
Date Assigned:	02/13/2015	Date of Injury:	04/10/2013
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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 59 year old female with an industrial injury dated 04/10/2013. The mechanism of injury is documented as lifting steel stacks of tomato gauges which weighed approximately 20 pounds. She had placed these on a cart and rolled them out of the way and unloaded the cart. She said afterwards her knees buckled and she was taken by ambulance to the hospital. On 12/04/2014 the injured worker presented for follow up. She was complaining of back pain rated 6 on a scale of 0-10. Associated symptoms included numbness and tingling headache and weakness. Lumbar range of motion was limited. She had an antalgic gait. Prior treatment included water therapy and medications. She could not tolerate land based physical therapy. MRI dated 06/11/2013 showed mild facet arthropathy at lumbar 5- sacral 1. It also showed mild neural foraminal narrowing at lumbar 4-5 due to a small broad-based disc bulge and facet arthropathy, lumbar 3-4. There was mild lateral recess effacement at lumbar 2-3. Disc bulge was without canal recess or foraminal stenosis. Diagnoses were lumbosacral disc degeneration and lumbar spinal degenerative changes, radicular complaints and work-related exacerbation of her pre-existing lumbosacral condition. The provider requested a low post lumbar corset brace.On 01/28/2015 utilization review non-certified the requests for low back brace. MTUS and ODG were cited

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Back Brace: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, lumbar supports.

Decision rationale: This patient presents with back pain. The treater has asked for on 12/4/14 "during periods of acute flares." The patient uses a single point cane to ambulate and has an antalgic gait on the left per 12/4/14 report. Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The patient is currently medically disabled. In this case, the patient does not present with a compression fracture, instability, or any other back condition that is indicated per ODG guidelines for a back brace. There is no documentation of an exacerbation or a flare-up. ODG guidelines do not recommend back braces merely for preventive purposes. The request IS NOT medically necessary.