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| Case Number: | CM15-0037043 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 10/17/2011 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60 year old male, who sustained a work related injury on 10/17/11. The diagnoses have included postlaminectomy instability lumbar spine, lumbar degenerative disc disease and status post lumbar laminectomy. Treatments to date have included a MRI lumbar spine on 1/14/15, physical therapy with benefit and activity modification. In the PR-2 dated 1/28/15, the injured worker complains of increasing pain across lower back with pain that radiates into his hips. This pain is aggravated by climbing ladders, bending and lifting objects. Less activity makes the pain better. He has tenderness upon palpation in the lumbosacral junction and has decreased range of motion. The request is for a lumbar brace. On 2/11/15, Utilization Review non-certified a request for the purchase of an Aspen Lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of Aspen Lumbar Summit Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Aspen Summit back brace is not medically necessary.