

Case Number:	CM15-0039550		
Date Assigned:	03/09/2015	Date of Injury:	08/13/2009
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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:

This 53-year-old male sustained an industrial injury to the low back on 8/13/09, with subsequent ongoing low back pain. The injured worker underwent anterior interbody fusion and posterior pedicle screw fusion in April 2014. The injured worker reported approximately 60% improvement to his symptoms. In a neurosurgery follow up evaluation dated 11/26/14, the injured worker reported a four-week history of low back pain flare up. Physical exam was remarkable for lumbar spine with severe paraspinous tenderness to palpation and spasms with severely limited range of motion. The physician noted that he was concerned about the lumbar fusion and construct. The treatment plan included a back brace, lumbar spine x-rays and continuing pain management with Flexeril, Gabapentin and anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Lumbosacral Orthosis, rigid: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 has a date of injury of August 13, 2009 and is status post lumbar fusion on April 1, 2014. The current request is for durable medical equipment lumbosacral orthosis, rigid. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended as an option 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)." According to progress report dated February 2, 2015, the patient has had a recent setback with a flare up in pain and sudden onset of low back pain. Physical examination revealed severe paraspinal muscle spasms and tenderness and severe decreased range of motion. In this case, the patient does not present with fracture, instability or spondylolisthesis; however, ACOEM guidelines support the use of a lumbar brace in the acute phase of care and this patient has a severe flare-up in pain with decrease ROM. The lumbar brace is prescribed in accordance to ACOEM guidelines and the request IS medically necessary.