

Case Number:	CM15-0048387		
Date Assigned:	03/20/2015	Date of Injury:	02/01/1999
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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

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 62 year old male, who sustained an industrial injury on 2/01/1999. The mechanism of injury was not noted. The injured worker was diagnosed as having status post cervical surgery, status post lumbar fusion, failed back syndrome, and lower extremity radiculopathy. Treatment to date has included surgical intervention and conservative measures, including physical therapy, medications, and diagnostic testing (magnetic resonance imaging of the lumbar spine 3/31/2012). Currently, the injured worker complains of low back pain, with radiation to bilateral lower extremities, noting numbness and tingling. He also reported neck pain, depression, poor sleep, and anxiety. Physical exam noted tenderness and decreased range of motion to the cervical and lumbar spines. The treatment plan included a pending request for lumbar surgery and a back brace. Exam of the cervical, thoracic, and lumbar spines was documented as essentially unchanged from previous visits. Current medications were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar support.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG Low Back section, Lumbar supports.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be considered as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, there was insufficient evidence presented to help justify a back brace as there was no recent surgery, signs of instability, fracture, or other exceptional reasons to consider this request. Therefore, the back brace will be considered medically unnecessary. The request is not medically necessary.