

Case Number:	CM15-0052287		
Date Assigned:	03/25/2015	Date of Injury:	01/15/2013
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old female who sustained an industrial injury on 1/15/13. Injury occurred when she bent forward to look under a bed. She was diagnosed with L5/S1 disc herniation and collapse refractory to conservative treatment. She underwent L5-S1 decompression with fusion on 6/19/14. Records indicated that the injured worker attended post-operative physical therapy and was utilizing a back brace. The 12/29/14 treating physician report cited constant moderate to severe pain aggravated by prolonged walking, standing and sitting. She reported bilateral lower extremity weakness and was advised to ambulate with a walker. Physical exam documented +3 bilateral lumbosacral tenderness and spasms, positive bilateral nerve tension signs, and decreased left S1 sensation. The injured worker had completed 6 post-operative acupuncture sessions without functional improvement. The treatment plan requested 10 sessions of work hardening. The 3/5/15 utilization review non-certified the request for an Apollo LSO back brace as there was no current indication for use, evidence of benefit to prior use, or documentation that the prior brace was no longer appropriate/useable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op purchase of Apollo LSO back brace for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. Guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. There is no compelling reason to support the medical necessity of this request. Records indicate that the injured worker had previously been dispensed a back brace. There is no current rationale presented to support replacement of that brace or evidence of prior benefit with bracing. Therefore, this request is not medically necessary.