MAXIMUS Federal Services

Case Number:	CM15-0055695		
Date Assigned:	03/30/2015	Date of Injury:	08/29/2003
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 44 year old male, who sustained an industrial injury on 08/29/2003. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, radiographic imaging and MRIs of the lumbar spine, epidural steroid injections, and lumbar laminectomy with discectomy surgery. Currently, the injured worker complains of significant flare-up of low back pain with radiation of pain into the bilateral lower extremities, and muscle spasms. The injured worker noted that he had been out of medications and had also lost his back brace; therefore, he had no support for his back while at work. The diagnoses include status post lumbar laminectomy and discectomy at L5-S1 levels for ruptured disc in 2005 with intermittent bilateral lower extremity symptoms, and evidence of moderate-to-severe neural foraminal stenosis (per MRI dated 03/24/2014). The treatment plan consisted of replacement of the injured worker's Aspen lumbar back brace, prescriptions for oral medications, 6 sessions of acupuncture, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen lumbar back support brace: Upheld

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): 308.

Decision rationale: This patient receives treatment for chronic low back pain which arose after a work-related injury dated 08/29/2003. This request addresses a request for a lumbar back brace (a lumbar support). Lumbar supports may be medically indicated to treat low back pain; however, according to the treatment guidelines their use is limited to the acute phase of treatment. ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of injury. Lumbar supports may be indicated to treat some cases of acute spinal compression fractures and in the immediate post-operative state after lumbar surgery. The guidelines state that using back braces as a lumbar support for chronic pain should be avoided, because clinical studies show they have little or no benefit. Given the patient's history of chronic back pain documented since 2003, the back support brace is not medically necessary.