

Case Number:	CM15-0057393		
Date Assigned:	04/02/2015	Date of Injury:	05/05/2006
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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, Pain Management

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 61-year-old female, who sustained an industrial injury on 5/05/2008. Diagnoses include status post lumbar L4-L5 fusion surgery with persistent intractable lumbago, persistent lumbar radiculopathy left worse than right and chronic pain syndrome. Treatment to date has included spinal cord stimulator trial, medications, surgical intervention and diagnostics. Per the most recent submitted Primary Treating Physician's Progress Report dated 11/04/2014, the injured worker reported chronic intractable low back pain. She recently had a trial of a spinal cord stimulator with which she had more than 30% relief of symptoms and improvement in overall function. Physical examination revealed no evidence of any erythema or drainage when the bulky dressing was removed. There was tenderness over the lumbar spine in all myofascial structures as well as vertebral interspaces. She has guarded range of motion of her lumbar spine. She has 4+/5 motor strength in all major muscle groups of her bilateral lower extremities. She has continued sensory deficit to light touch over the left L5 and S1 distribution. The plan of care included spinal cord stimulator. Authorization was requested for a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back 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): 301.

Decision rationale: Regarding the request for a back brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested back brace is not medically necessary.