

Case Number:	CM15-0058130		
Date Assigned:	04/02/2015	Date of Injury:	08/30/2012
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 46-year-old male sustained an industrial injury on 8/30/12. He subsequently reported low back pain. Diagnostic testing has included x-rays, CT scan and MRIs. Diagnoses include lumbar degenerative disc disease, neuritis, spinal stenosis, disc displacement and radiculopathy. Treatments to date have included back surgery, acupuncture, injections, physical therapy, chiropractic care and prescription pain medications. The injured worker continues to experience low back pain. A request for a Post-operative brace for the lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative brace for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Lumbar Support.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, postoperative brace to the lumbosacral spine is not medically necessary. Not all Lumbar supports have been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease at L3 - L4, L4 - L5 and L5 - S1; lumbar disc displacement; lumbar neuritis; and lumbar spinal stenosis. A February 24, 2015 progress note states the treating provider was requesting an extension of authorization for anterior/posterior lumbar discectomy, decompression and fusion with instrumentation, allograft and bone morphogenetic protein at L3 - L4, L4 - L5 and L5 - S1. The treating provider also requested authorization for a preoperative medical clearance, postoperative physical therapy, a postoperative lumbar brace and postoperative cold therapy. The request for the postoperative lumbar brace is premature. Authorization for the surgical procedure should be authorized prior to the request for a postoperative lumbar brace (and the other requested items). Consequently, absent clinical documentation with an updated authorization for the intended surgical procedure (supra), postoperative brace lumbosacral spine is not medically necessary.