MAXIMUS Federal Services

Case Number:	CM14-0112147		
Date Assigned:	08/01/2014	Date of Injury:	06/09/1990
Decision Date:	09/26/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year old male who reported an injury on 06/09/1990. The mechanism of injury was not provided. Diagnoses included displacement of the lumbar intervertebral disc without myelopathy, sciatica, and degeneration of the intervertebral disc. The past treatments were not noted. Imaging was not noted. The progress note dated 06/27/2014, noted the injured worker complained of back pain radiating to the left leg. The physical exam revealed very limited back motion, with a depressed ankle jerk with some pain and weakness to the left anterior tibia. Medications were not reviewed, but prior prescriptions for Hydrocodone-acetaminophen 10/325mg, Ibuprofen, Soma 350mg, Tramadol 50mg, Vicodin, Voltaren gel, and Pepcid were noted. The treatment plan included recommendations for a neurosurgical consult for an L4-5 left posterior lateral disc, and L5-S1 left posterior lateral disc with foraminal stenosis. The Request for Authorization form was dated 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: 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): 308-310.

Decision rationale: The request for lumbar back brace is not medically necessary. The injured worker had unmeasured, unspecified back pain, without documentation of previous treatment modalities or current treatment. The California MTUS/ ACOEM guidelines note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is a lack of documentation which indicates the injured worker had significant low back pain or instability. The injured worker was injured in 1990; therefore, the injured worker is not in the acute phase of his injury. Given that the injured worker is well past the acute phase of their injury, a lumbar support would not be indicated. Therefore, the request is not medically necessary.