

Case Number:	CM14-0143845		
Date Assigned:	09/08/2014	Date of Injury:	04/18/2011
Decision Date:	10/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 04/18/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her upper, mid, and lower back. The injured worker was conservatively treated with psychiatric support, physical therapy, epidural steroid injections, acupuncture, and multiple medications. The injured worker ultimately underwent fusion surgery of the lumbar spine followed by hardware removal. The injured worker's chronic pain was managed with medications. The injured worker was evaluated on 07/10/2014. It was documented that the injured worker had low back pain that radiated into the right lower extremity rated at 9/10 to 10/10. The injured worker's diagnoses include status post lumbar fusion, thoracic sprain/strain, status post left shoulder surgery, and a possible complex regional pain syndrome of the bilateral lower extremities. No objective findings were provided with the exam. The injured worker's treatment plan included a lumbar brace. A Request for Authorization form was submitted on 07/18/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Corset Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The requested Lumbar Corset Brace is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has chronic low back pain. The American College of Occupational and Environmental Medicine do not support the use of a back brace beyond the acute phase of an injury. The clinical documentation does not provide any physical evidence of instability that may support treatment beyond guideline recommendations. As such, the requested Lumbar Corset Brace is not medically necessary or appropriate.