

Case Number:	CM14-0152818		
Date Assigned:	09/23/2014	Date of Injury:	05/29/2008
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 54-year-old male with a 5/29/08 date of injury and status post lumbar laminectomy and fusion (undated). At the time (8/12/14) of request for authorization for 1 LSO back brace (unspecified if purchase or rental), there is documentation of subjective (chronic persistent low back radiating to the bilateral lower extremities) and objective (positive straight leg raise bilaterally, severe pain with lumbar extension, posterior laminectomy scar, and moderate palpable spasms over the lumbar paravertebral musculature with positive twitch response) findings, current diagnoses (lumbar post-laminectomy pain syndrome, lumbar radiculopathy, and chronic pain syndrome), and treatment to date (medications). There is no documentation of lumbar brace use during acute phase of symptom relief; and compression fractures, spondylolisthesis, or instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LSO BACK BRACE(UNSPECIFIED IF PURCHASE OR RENTAL): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy pain syndrome, lumbar radiculopathy, and chronic pain syndrome. However, given documentation of chronic low back pain, there is no documentation of lumbar brace use during acute phase of symptom relief. In addition, there is no documentation of compression fractures, spondylolisthesis, or instability. Therefore, based on guidelines and a review of the evidence, the request for 1 LSO back brace (unspecified if purchase or rental) is not medically necessary.