

Case Number:	CM14-0084621		
Date Assigned:	07/21/2014	Date of Injury:	11/09/2011
Decision Date:	09/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 44-year-old male with a 11/9/11 date of injury. At the time (5/5/14) of request for authorization for Lumbar back brace, there is documentation of subjective (chronic back pain and radiculopathy down right leg) and objective (loss of lordotic curvature, substitutes with hip flexors, hip flexors in spasm on right side, causing radiculopathy and shoe scuffing, due to malalignment of hinged knee) findings, current diagnoses (spondylosis of unspecified site without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago), and treatment to date (lumbar epidural injections and lumbar back brace). Medical report identifies that the Velcro on the patient's old lumbar support is not functioning. There is no documentation of acute pain, compression fractures, spondylolisthesis, or documented instability.

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.

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; and Back Brace, post operative (fusion).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. Official Disability Guidelines (ODG) identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Medical practice standard of care necessitate documentation of a clear rationale for the replacement of durable medical equipment (DME) already in use, such as malfunction or breakdown. Within the medical information available for review, there is documentation of diagnoses of spondylosis of unspecified site without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago. In addition, given documentation of prior treatment with lumbar brace and that the Velcro on the patient's old lumbar support is not functioning, there is documentation of a clear rationale for the replacement of DME already in use. However, there is no documentation of acute pain, compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Lumbar back brace is not medically necessary.