MAXIMUS Federal Services

Case Number:	CM14-0096314		
Date Assigned:	07/25/2014	Date of Injury:	09/20/1996
Decision Date:	09/25/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 52 year-old male with the date of injury of 06/17/2014. The patient presents with pain in his low back, radiating down legs with numbing or tingling sensations. The range of his lumbar motion is limited. Flexion is about 60 degrees, extension is about 5 degrees, rotation is about 30 degrees and lateral bending is about 15 degrees. There are mild to moderate tenderness over the paraspinal muscles and the sacroiliac joints. The patient is temporally totally disabled. According to Dr. [redacted] report on 06/09/2014, diagnostic impressions are: 1) Severe degenerative disc disease and spondylosis plus foraminal encroachment of the cervical spine at C6-C7 as well as moderate degenerative disc disease and spondylosis and encroachment of the cervical spine at C4-C5 and C5-C6 associated with bilateral upper extremity radiculitis and radiculopathy. 2) Degenerative disc disease and discogenic disease plus spondylosis of the lumbar spine at L3-L4 and L4-L5 associated with bilateral lower extremity radiculitis. S/P a combined anterior plus posterior decompression as well as a fusion at L3-L4 and L4-L5 in August 2010.S/P hardware removal on 03/22/2013. 3) Moderate to severe degenerative disc disease and facet spondylosis at L2-L3 and at L1-L2 associated with a mild scoliosis. 4) Bilateral sacroiliac joint dysfunction associated with chronic strains and potential arthritis. The utilization review determination being challenged is dated on 06/17/2014. Dr. [redacted] is the requesting provider, and he provided treatment reports from 11/12/2013 to 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Areba Bio-Back Lumbar Support Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM guidelines has the following regarding lumbar supports, page 134.

Decision rationale: The patient presents with pain in his low back, worsen by his activities. The request is for Arebia Bio-Back lumbar support brace. Utilization review letter on 06/17/2014 indicates that the patient saw an advertisement of Arebio Bio-Back lumbar support brace and thought it may be better than his current brace. None of the reports discuss the patient's current brace, the difference of the patient's current brace and a new brace, why a new brace is needed at this point, or the instruction of timing, frequency or duration of a brace. ODG guidelines do not recommend back supports as an option for prevention. Back supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, none of the provider's reports provide information about this request. The request is not medically necessary.