

Case Number:	CM15-0015306		
Date Assigned:	02/03/2015	Date of Injury:	11/10/1981
Decision Date:	03/20/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female who sustained an industrial injury on 11/10/1981. The current diagnoses include status post lumbar fusion, status post removal of hardware, status post revision decompression L3-4 and posterior interbody fusion L3-4 (07/31/2008). Treatments to date include medication management, and lumbar fusion. Report dated 01/19/2015 noted that the injured worker has complaints that included moderate to severe back pain, difficulty with prolonged activities, and frequent exacerbations of her low back symptoms. The physician noted that the lumbar brace helps to increase her activity level and she uses the brace during flare-ups. The utilization review performed on 01/12/2015 non-certified a prescription for lumbar brace based on limited evidence of effectiveness and limited evidence of extenuating circumstances. The reviewer referenced the ACOEM guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Low back procedure summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Low Back Chapter, page 301. Decision based on Non-MTUS Citation Low Back, Back
brace, page 372

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, recent post-operative treatment, not demonstrated here. The Lumbar brace is not medically necessary and appropriate.