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| Case Number: | CM15-0175048 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 07/25/2013 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/25/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury on 10-4-10. Documentation indicated that the injured worker was receiving treatment for lumbago with radiculopathy. Previous treatment included right shoulder surgery x 3, left knee surgery (August 2014), physical therapy, injections, epidural steroid injections, functional restoration program participation, psychiatric care and medications. Magnetic resonance imaging lumbar spine (3-9-15) showed mild narrowing at the right due to broad based disc bulge at L4-5 that irritated the right L5 nerve root. The injured worker underwent lumbar decompression and microdiscectomy at right L4-5 on 6-5-15. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 8-11-15, the injured worker complained of ongoing low back pain rated 6 out of 10 on the visual analog scale. The injured worker stated that his leg was better. Physical exam was remarkable for no pain in the right lower extremity. Requests for additional physical therapy had been denied. The physician stated that the injured worker might require further surgery if physical therapy did not happen. The treatment plan included appealing the denial of physical therapy and requesting a soft brace for the low back. 3/12/15 flexion extension x-rays showed no evidence of instability or listhesis. On 8-25-15, Utilization Review noncertified a request for a soft lower back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft lower back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/ Back Braces/Lumbar supports.

Decision rationale: Per the CA MTUS ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per ODG, lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability. In this case, 3/12/15 flexion extension x-rays showed no evidence of instability or listhesis. The request for Soft lower back brace is not medically necessary and appropriate.