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| Case Number: | CM15-0178897 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 02/01/2014 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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 50 year old male who sustained an industrial injury on 2-1-14. A review of the medical records indicates he is undergoing treatment for carpal tunnel syndrome, injury to the ulnar nerve, status post carpal tunnel release, left wrist on 4-29-15, severe left, and moderate right cubital tunnel syndrome, lumbar stenosis with radiculopathy, and lumbar disc displacement. Medical records (8-3-15) indicate ongoing complaints of low back pain radiating to the lower extremities, buttocks, thighs, and calves, affecting the right side greater than the left. The injured worker reports that the right leg "occasionally gives out" on him. The physical exam indicates "4 out of 5" strength to the right dorsiflexion and plantar flexion and "5 out of 5" on the left. The treating provider indicates the injured worker has "diminished perception of the light touch to the lateral shin and anterior foot of the right lower extremity". Diagnostic studies have included an MRI of the lumbar spine on 9-3-14. Treatment has included a lumbar transforaminal epidural steroid injection on the right L4-L5 and L5-S1 regions on 7-10-15. 75% improvement of symptoms for 2 weeks was provided. Treatment has also included use of Voltaren gel. The treatment recommendation is for L4-5 and L5-S1 transforaminal lumbar interbody fusion, with a request for x-rays of the lumbar spine. A prescription was written on 8-3-15 for an [REDACTED] LSO lumbar brace. The utilization review (8-24-15) indicates denial due to "the clinical documentation submitted did not provide the necessary information to warrant the surgical procedure at this time".

IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■ LSO lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back brace.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: Review indicates utilization report noting the surgical procedure was not warranted at this time; thereby, the ■■■■ LSO lumbar brace was not certified. 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 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, post-operative treatment, not demonstrated here. The ■■■■ LSO lumbar brace is not medically necessary and appropriate.