

Case Number:	CM15-0064966		
Date Assigned:	04/10/2015	Date of Injury:	11/22/2005
Decision Date:	05/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency Medicine

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 62-year-old male, who sustained an industrial/work injury on 11/22/05. He reported initial complaints of back pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medication, injection on 12/29/14, psychology, and biofeedback. Currently, the injured worker complains of return of his low back pain and flare up of multiple sclerosis due to stress. Per the primary physician's progress report (PR-2) on 3/17/15, there was restricted range of motion and tenderness with palpation. FABER was negative. Straight leg raise was positive. Severe spasms were noted. Current plan of care included was to continue medications and a lumbo-sacral brace. The requested treatments include Lumbar Back Brace-Cybertech.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Back Brace-Cybertech: 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), LSO.

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 & Thoracic, (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Lumbar Back Brace-Cybertech is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has low back pain. The treating physician has documented restricted range of motion and tenderness with palpation. FABER was negative. Straight leg raise was positive. Severe spasms were noted. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar Back Brace-Cybertech is not medically necessary.