

Case Number:	CM15-0066998		
Date Assigned:	04/14/2015	Date of Injury:	05/27/2009
Decision Date:	05/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51-year-old female, who sustained an industrial injury on 5/27/2009. She reported pain in her low back. Diagnoses have included lumbar pseudoarthrosis and incomplete arthrodesis at L5-S1. Treatment to date has included lumbar surgery and medication. According to the progress report dated 2/18/2015, the injured worker complained of back pain with occasional pain radiating down her legs. She was taking Norco. Physical exam revealed that the injured worker was walking more straight and upright. The treatment plan was for a posterior revision arthrodesis at the L5-S1 level. Authorization was requested for a lumbar brace.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: According to ACOEM Chapter 2, Initial Approaches to treatment, inactivity and/or immobilization should be limited because they result in deconditioning and bone loss after relatively short periods of time. The request for the current treatment would result in immobilization in contrast to the recommendation above. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.