

Case Number:	CM15-0074453		
Date Assigned:	04/24/2015	Date of Injury:	06/09/2011
Decision Date:	05/22/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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 36 year old male who sustained a work related injury June 9, 2011. Past history included L5-S1 laminectomy with posterior surgical hardware, solid interbody fusion and posterior fusion. According to a treating physician's progress report, dated February 24, 2015, the injured worker presented with complaints of lumbar pain. Electro-acupuncture has been helpful to decrease pain and increase function and wishes to continue with treatment. He continues to use Norco 3 tablets a day as well as Neurontin at nighttime. Lumbar range of motion is decreased; foot drop was present on left foot, left leg tenderness and swelling noted, with decreased range of motion in the left hip. His gait is limping and uses a cane. Diagnoses included s/p pelvic fracture, 2011, s/p back fusion, 2011; lumbar spine disc injury; chronic pain syndrome; lumbar disc displacement and radiculopathy. Treatment plan included continue medications, continue electro-acupuncture treatments, and exercise. A physician's office visit, dated March 17, 2015, requests for authorization a functional restoration program and a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back: Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: Based on the 03/15/15 progress report provided by treating physician, the patient presents with back pain. The request is for BACK BRACE. The patient is status post back fusion 2011, and pelvic fracture status post surgery 2011. Patient's diagnosis per Request for Authorization form dated 03/17/15 includes lumbar spine sprain/strain, and lumbar spine radiculopathy. Patient ambulates with a cane. Treatments have included acupuncture and medications. Patient's medications include Norco and Neurontin. Work status not provided. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back, Lumbar & Thoracic Chapter, lumbar supports topic, states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per 04/15/15 progress report, treater states "I recommend patient to use back brace to help control back pain and discomfort." Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. Patient's back surgeries are not recent to warrant bracing and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request is not medically necessary.