

Case Number:	CM15-0098935		
Date Assigned:	06/01/2015	Date of Injury:	03/05/2004
Decision Date:	07/07/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/22/2015

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, Hawaii
 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 (IW) is a 57 year old male who sustained an industrial injury on 03/05/2004. The injury is reported to be due to cumulative trauma. The injured worker was diagnosed as having a herniated nucleus pulposus of the cervical spine, status post lumbar fusion. Treatment to date has included pain management and medications. Currently, the injured worker complains of persistent pain. Subjectively there is pain on range of motion. The treatment plan includes lumbar support and a refill of medications. A request for authorization is submitted for DME Back brace for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Back brace for the lumbar spine: Overturned

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 - Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Lumbar Supports.

Decision rationale: The patient continues to report chronic low back and neck pain. The current request is for DME Back Brace for the lumbar spine. The ODG indicates back bracing does not prevent low back pain. Furthermore, the use of back bracing for treatment is indicated only with compression fractures, unstable spondylolisthesis, and documented instability. There is very low evidence for the treatment of non-specific low back pain with lumbar bracing. In this case, the 4/2/15 attending physician report indicates he has persistent low back pain. The diagnosis is status post lumbar fusion. Physical exam reveals tenderness and pain during range of motion. A lumbar support was provided. The IW continues to have back pain despite surgical intervention. It is not clear why the patient continues to have back pain and, thus, his back pain is non-specific. As such, the current request for a lumbar support is medically necessary.