

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	2/20/2007
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010175

- 1) MAXIMUS Federal Services, Inc. has determined the request for **back brace is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **back brace** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This patient is a 73-year-old with an underlying date of injury is 02/20/2007. The patient's reported diagnoses include sciatica, back pain, and facet syndrome. The patient is also noted to have an L5-S1 annular tear. A prior review notes that there was no indication that the claimant is postsurgical and that as of 07/30/2013 the patient was noted to have unchanged back pain with ongoing left leg pain as well as a pending request for physical therapy and a back brace. I note that peer-new form of 07/30/2013 states that physical therapy had not been approved and the back brace was pending. On exam, the patient had 65% range of motion of the spine with tenderness over the facet joint and mild paravertebral muscle spasm. More recently on 09/03/2013, a PR-2 report again notes that a back brace was pending approval.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for back brace:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Low Back; table 2, Summary of Recommendations, Low Back Disorders, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), lumbar supports, pg. 301, which is a part of the MTUS and the Official Disability Guidelines (ODG)- Low Back/Lumbar Supports , which is not a part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines discusses some specific clinical indications for a lumbar support, including treatment of spondylolisthesis, documented instability, or postoperative treatment. This guideline also states that there is strong and consistent evidence that lumbar supports are not effective in treating neck and back pain. A review of the records indicates that the medical records from the provider do not clearly provide a rationale for a back brace in this case. Multiple guidelines do not support the clinical efficacy of this request. **Therefore, the request for back brace is not medically necessary or appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.