

Case Number:	CM14-0145271		
Date Assigned:	09/12/2014	Date of Injury:	09/05/1991
Decision Date:	10/21/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old male who reported an injury on 09/05/1991. The mechanism of injury was reported as continuous trauma. The diagnoses included lumbar spine degenerative disease/joint disease, and grade 1 spondylolisthesis at L4-5. Past treatments included activity modification and medications. Diagnostic studies included an unofficial MRI of the lumbar spine on 08/14/2013, which reportedly revealed lumbar spondylosis at L3-4, L4-5, and L5-S1 discs with severe degenerative changes at L3-4 and L4-5; at L4-5, postsurgical changes were seen with partial right L5 laminotomy, degenerative changes in the facet joint, spinal stenosis with severe narrowing of the central and lateral canal, and spondylolisthesis; and at L3-4, a disc protrusion was noted with spinal stenosis and severe narrowing of the neural foramina bilaterally. Surgical history included an L5 laminotomy. The clinical note dated 07/30/2014 indicated the injured worker complained of constant pain in the low back radiating into the hips and groin rated 10/10. He also complained of numbness and tingling in the groin. Physical examination of the lumbar spine revealed tenderness to palpation and decreased range of motion with flexion noted at 50 degrees, extension at 10 degrees, and lateral bending at 15 degrees. Current medications included tramadol, Flexeril, and Percocet 10/325 mg. The treatment plan included 1 lumbar spine brace/support. The rationale for the request was prophylactic purposes to avoid exacerbation of the current injury. The Request for Authorization Form was completed on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar spine brace/support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 298, 301, 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for 1 lumbar spine brace/support is not medically necessary. The California MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker complained of low back pain radiating into the hips and groin. As his injury reportedly occurred on 09/05/1991 and he is being treated for chronic pain, he has exceeded the acute phase of symptom relief. There is a lack of clinical documentation to indicate the need for a lumbar brace/support beyond the guideline recommendations. Therefore, the request for 1 lumbar spine brace/support is not medically necessary.