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| Case Number: | CM14-0150570 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 06/01/1999 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 Neurosurgeon 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 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 50-year-old male with a reported date of injury on 06/01/1999. The mechanism of injury occurred due to lifting heavy objects. The diagnoses included degenerative disc disease of the lumbar spine with facet arthritis. The past treatments included physical therapy, pain medication, radiofrequency ablation and acupuncture therapy. There was no diagnostic imaging submitted for review. There was no relevant surgical history documented within the clinical notes. The subjective complaints on 08/01/2014 included low back pain rated 7/10. The physical exam was documented as unchanged. There is pain in the lower back and pain with extension. The medications included Flector 1.3% patch, Lidoderm 5% patch, Flexeril 10 mg, Motrin 800 mg, and Vicodin 5/500. The treatment plan was to order a lumbar brace. A request was received for a lumbar brace. The rationale for the request was to increase lumbosacral stability. The Request for Authorization form was dated 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back - lumbar fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back , Lumbar supports

Decision rationale: The request for a lumbar brace is medically necessary. The Official Disability Guidelines state that lumbar supports are not recommended for prevention; however, are recommended as an option for treatment. The guidelines state regarding treatment, lumbar braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low quality evidence, but may be a conservative option). The injured worker has chronic low back pain. The rationale for the brace is documented within the clinical notes as being necessary for lumbar stability. As the back brace is being used for documented instability, the request meets the evidence based guidelines. As such the request is certified.