

Case Number:	CM13-0023964		
Date Assigned:	11/20/2013	Date of Injury:	10/05/2005
Decision Date:	01/13/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 46 year old female who sustained an injury to her low back on October 5, 2005. A recent clinical assessment dated August 1, 2013 reflected an evaluation by [REDACTED] that indicated the claimant to be with continued low back complaints with radiating bilateral leg pain to the foot right greater than left with associated numbness and tingling. The physical examination findings showed restricted lumbar range of motion with positive tenderness of the right sacroiliac joint, positive Patrick's test and positive sacroiliac thrust test. The claimant was given a diagnosis of sacroiliac joint arthropathy. The recommendation at that time was for a repeat sacroiliac joint injection stating prior improvement from previous injection for four months. There was a request for a LSO brace and home traction unit to aide in improvement and return to work. There was no documentation a lumbar diagnosis. There is no current imaging to the lumbar spine documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 9,298,301.

Decision rationale: CA MTUS states, "The use of back belts as lumbar supports should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." Based on the CA MTUS, the need of an LSO brace at this stage in the claimant's clinical course is not supported. The guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. The claimant is noted to be eight years following the time of injury with no documentation of recent lumbar imaging. At this chronic stage in the current course of care and as guidelines do not the use of back belts, or lumbar supports for pain relief, then the LSO brace cannot be recommended as medically necessary