

Case Number:	CM13-0025124		
Date Assigned:	11/20/2013	Date of Injury:	04/20/2013
Decision Date:	01/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 patient is a 46-year-old female who reported a work-related injury on 04/20/2013 as the result of a fall. The clinical note dated 08/08/2013 reports treatment plan/ recommendations with ACOEM quotes for authorization of multiple interventions for the patient including chiropractic treatment, electrodiagnostic studies, medications, assessment for anxiety, psychiatric consult, and a lumbosacral orthotic. The provider offered no physical exam of the patient. The clinical note dated 11/07/2013 reports the patient was seen under the care of [REDACTED] for continued pain complaints about the lumbar spine. The provider documented MRI findings of the patient's lumbar spine from an imaging study dated 05/29/2013 which revealed a 3 mm to 4 mm disc bulge at L2-3, L3-4, and L4-5 with multilevel neural foraminal narrowing and lateral recess stenosis. The provider documents the patient has had functional improvement with 12 prior sessions of chiropractic therapy. Again, the provider offers no recent physical exam findings of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

An 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): 301.

Decision rationale: The clinical notes show that the patient presents with diagnoses of lumbago, thoracic/lumbosacral radiculitis, and lumbar disc displacement without myelopathy, status post a work-related fall sustained on 04/20/2013. [REDACTED] recommends that the patient utilize an orthotic; however, California MTUS/ACOEM indicates, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Given that there is no documented imaging study evidence of instability about the lumbar spine, nor is it documented that the patient presents postoperative to a fusion, the request for LSO brace is not medically necessary or appropriate.