

Case Number:	CM13-0037423		
Date Assigned:	12/13/2013	Date of Injury:	01/04/2013
Decision Date:	02/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/23/2013

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 60 year old female who reported an injury on 12/28/2008 after falling from an 8 foot ladder. The patient underwent an MRI that revealed a disc protrusion at the L3-4 level, bilateral facet arthropathy, and a disc bulge at the L4-5 level impinging on the L4 and L5 exiting nerve roots. The patient's pain has failed to respond to conservative treatments to include medications, activity modifications, and physical therapy. The patient's most recent clinical findings included complaints of low back pain and stiffness, clinical findings of tenderness to palpation along the paravertebral musculature of the lumbar spine, and a negative bilateral straight leg raising test. Lumbar range of motion was described as 40 degrees in flexion, 10 degrees in extension, and 15 degrees in right and left lateral bending. The patient's diagnoses included cervical spine, thoracic spine, and lumbar spine sprain/strain with lower extremity radiculopathy. The patient's treatment plan included a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sacral orthosis (LSO) back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The requested lumbosacral orthosis is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic low back pain. American College of Occupational and Environmental Medicine recommends a back brace in the acute phase of a patient's injury. However, it is noted that there is no scientific evidence to support efficacy of the use of a back brace in the chronic treatment phase of a patient's low back pain. As such, the requested lumbosacral orthosis (LSO) back brace is not medically necessary or appropriate.