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| Case Number: | CM13-0049286 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/24/1989 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 63 year old male with a date of injury of 1/24/89. The injury occurred during a slip and fall. The diagnoses include lumbar facet syndrome, FBSS, lumbar radiculopathy, and lumbar disc protrusion. The patient has had conservative management with physical therapy and medications including narcotics. A utilization review determination had denied this request citing that ACOEM does "not recommend the use of lumbar supports for treatment of low back pain." The request and appeal is made in the case for a lumbosacral orthosis with a diagnosis of failed back surgery syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthosis (LSO) back 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, Chronic Pain Treatment Guidelines Code of Regulations Page(s): 6.

Decision rationale: ACOEM Chapter 12 on page 301 states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Furthermore, lumbar corsets are not recommended and the evidence is poor for the use of lumbar orthoses in

the treatment of chronic low back pain. The request and appeal is made in the case for a lumbosacral orthosis with a diagnosis of failed back surgery syndrome. Given the guidelines, this request is recommended for non-certification.