

Case Number:	CM13-0062841		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2012
Decision Date:	05/06/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation 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:

This patient sustained an injury on 4/19/12. Request under consideration include LSO Brace. Report of 11/5/13 from the provider noted patient with complaints of neck pain rated at 7/10 radiating to left shoulder down arm with stiffness, numbness and tingling to the fingers; low back pain with numbness in feet. Exam showed wide-based, heel-toe walk with difficulty secondary to pain complaints; diffuse tenderness over paravertebral musculature; moderate facet tenderness L3-S1; positive bilateral SI tenderness; positive Fabere's or Patricks and SLR at 70 and 60 degrees. Diagnoses included lumbar disc disease; lumbar facet syndrome; and bilateral sacroiliac joint arthropathy. Request for LSO brace was non-certified on 11/21/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back Brace, page 372.

Decision rationale: This 46 patient sustained an injury on 4/19/12. Request under consideration include LSO Brace. Report of 11/5/13 from the provider noted patient with complaints of neck pain rated at 7/10 radiating to left shoulder down arm with stiffness, numbness and tingling to the fingers; low back pain with numbness in feet. Exam showed wide-based, heel-toe walk with difficulty secondary to pain complaints; diffuse tenderness over paravertebral musculature; moderate facet tenderness L3-S1; positive bilateral SI tenderness; positive Fabere's or Patricks and SLR at 70 and 60 degrees. Diagnoses included lumbar disc disease; lumbar facet syndrome; and bilateral sacroiliac joint arthropathy. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This claimant is well beyond the acute phase of injury of 2012. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment, none of the criteria has been met. The LSO Brace is not medically necessary and appropriate.