

Case Number:	CM13-0065139		
Date Assigned:	01/03/2014	Date of Injury:	03/03/2011
Decision Date:	03/28/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopaedic 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 patient is a 50-year-old medical technician/caregiver who sustained a slip and fall injury on 3/3/11. The 7/19/12 lumbar spine MRI revealed L5/S1 disc desiccation with loss of disc height and mild posterior disc bulging, associated with bilateral neuroforaminal stenosis. The 9/25/13 treating physician report cited subjective complaints of constant grade 9/10 low back pain radiating down both legs to the ankles, along with weakness, numbness and tingling. Objective findings documented a height of 5'2", weight 200 pounds, a wide based gait, a difficult heel-toe walk due to pain, diffuse lumbar paravertebral muscle tenderness, mild coccydynia, moderate L5/S1 facet tenderness, positive sacroiliac testing, positive Kemp's, equivocal straight leg raise, and mild to moderate loss of lumbar range of motion. Lower extremity neurologic exam documented decreased sensation at bilateral L5 dermatomes, decreased muscle testing over the right L5 and left L2, L3, L4, and L5 myotomes, and normal deep tendon reflexes. The diagnosis included lumbar disc disease, lumbar radiculopathy, and left sacroiliac joint arthropathy. The provider requested a lumbosacral orthosis (LSO) for home use. Records indicate that the LSO was prescribed for persistent low back pain as an adjunct treatment to her pain management program, including home EMS unit and medications. The treating physician stated the LSO would provide stability and support to the patient's lumbar spine to aid in the performance of activities of daily living and work duties, as well as prevent further injury.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Lumbar Supports

Decision rationale: The Physician Reviewer's decision rationale: The request under consideration is for an LSO brace. California Medical Treatment Utilization Schedule guidelines do not provide recommendations for lumbar bracing in chronic injuries. The Official Disability Guidelines state that lumbar supports are not recommended for prevention. Lumbar supports are recommended as an option for the treatment of compression fracture, and spondylolisthesis, documented instability and non-specific low back pain (very low quality evidence, but may be a conservative option). The patient has been diagnosed with lumbar disc disease, lumbar radiculopathy, and left sacroiliac joint arthropathy. There is no documentation of instability or being post-spinal fusion to support the medical necessity of bracing as treatment for her lower back pain. There is only low quality evidence for any other use of this type of LSO brace. Therefore, this request for an LSO brace is not medically necessary.