

Case Number:	CM13-0068553		
Date Assigned:	01/03/2014	Date of Injury:	03/29/1999
Decision Date:	05/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in California and Texas. 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:

The injured worker is a 42 year old female who reported an injury on 03/29/1999. The worker was injured by stepping down a curb and twisting her right ankle. The progress note from Final Determination Letter for IMR Case Number CM13-0068553 3 11/13/2013 stated the injured worker's low back symptoms were worse during the month of November and after being in an inpatient psychiatric therapy for 4 months, was sent home for outpatient therapy. The injured worker was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc. The progress note also stated the injured worker had diffuse low back pain to palpation, especially across the midline below the iliac crest. There was limited range of motion in flexion to 20-30 degrees, extension to 0 degrees. There is lack of evidence of prior physical therapy or any surgery that had been performed within the medical records. The request for authorization form was submitted and dated 11/26/2013 for lumbar brace due to Lumbar Degenerative Disc Disease (DDD).

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO (LUMBAR-SACRAL ORTHOSIS) LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9, 298. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines; Evaluation and Management of Health Problems and Functional Recovery in workers, 2nd Edition, 2004, Chapter 1, Prevention, page 9; also Chapter 12 Low Back Complaints, page 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The request for Lumbo-Sacral Orthosis is not medically necessary. The progress noted stated the injured worker had diffuse low back pain to palpation and diagnosed with lumbar or lumbosacral degenerative intervertebral disc. According to the California MTUS/AECOM guidelines a lumbar support is only recommend braces in the acute phase. The injured worker is 15 years status post injury. Therefore, the request is not medically necessary and appropriate.