

Case Number:	CM14-0009807		
Date Assigned:	02/21/2014	Date of Injury:	05/15/2009
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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:

According to the records made available for review, this is a 53-year-old male with a 5/15/09 date of injury. At the time (12/12/13) of request for authorization for purchase of a thoracic lumbar sacral orthosis (TLSO) brace size extra large, there is documentation of subjective (chronic severe lower back pain with radiation to the right lower extremity with numbness) and objective (tenderness to palpation over the lumbar spine with increased tone, positive Kemp's test, and positive straight leg raise bilaterally) findings, current diagnoses (lumbar spine sprain/strain with discopathy and radiculopathy), and treatment to date (medications). There is no documentation of a condition/diagnosis for which a lumbar brace is indicated (such as compression fractures, spondylolisthesis, or documented instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A THORACIC LUMBAR SACRAL ORTHOSIS (TLSO) BRACE SIZE EXTRA LARGE: 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 MTUS: AMERICAN COLLEGE OF

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a lumbar brace is indicated (such as compression fractures, spondylolisthesis, or documented instability), as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with discopathy and radiculopathy. However, despite documentation of subjective (chronic severe lower back pain with radiation to the right lower extremity with numbness) and objective (tenderness to palpation over the lumbar spine with increased tone, positive Kemp's test, and positive straight leg raise bilaterally) findings, there is no documentation of a condition/diagnosis for which a lumbar brace is indicated (such as compression fractures, spondylolisthesis, or documented instability). Therefore, based on guidelines and a review of the evidence, the request for purchase of a thoracic lumbar sacral orthosis (TLSO) brace size extra-large is not medically necessary.