

Case Number:	CM14-0101127		
Date Assigned:	07/30/2014	Date of Injury:	07/09/2013
Decision Date:	10/06/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in 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 43-year-old male who was reportedly injured on 07/09/2013. The mechanism of injury is listed as a fall while working as a laborer. The diagnoses are thoracic, lumbar spine and bilateral shoulder pain, sprain and strain. A lumbar spine magnetic resonance image dated 05/08/2014 impression was a L5-S1 annular tear with a 3millimeter right foraminal disc protrusion with abutment of the descending L5 nerve roots bilaterally and abutment of the exiting right and left L4 nerve roots. An examination dated 04/14/2014 showed tenderness to the cervical and thoracic spine, bilateral shoulders and bilateral wrists. There was spasm. Motor was 4/5 to the upper and lower extremities. Reflexes were 2 to the lower extremities. Tenderness to the bilateral knee at the medial joint line noted. The injured worker has been treated with 12 chiropractic sessions with an additional 6 visits to the cervical, thoracic, lumbar spine and bilateral shoulders. A request was made for lumbosacral orthosis and was not certified on 05/30/2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation (TWC), 18th edition, 2013 updates, Chapter Low Back - Lumbar supports

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 Chapter, Lumbar Supports

Decision rationale: The documentation provided does not support the medical necessity of the Lumbosacral orthosis or lumbar support/brace. A lumbar MRI dated 05/08/2014 reveals a L5-S1 annular tear with a 3 millimeter right foraminal disc protrusion with abutment of the descending L5 nerve roots bilaterally and abutment of the exiting right and left L4 nerve roots. There was no spondylolisthesis and there are no flexion/extension views of the lumbar spine to show any segmental instability. There is no evidence of lumbar compression fracture. Therefore, the requested Lumbosacral orthosis is not medically necessary.