

Case Number:	CM14-0102283		
Date Assigned:	09/16/2014	Date of Injury:	05/16/1979
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 Emergency Medicine 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:

The patient has a reported date of injury on 5/16/1979. The mechanism of injury is described as cumulated/repetitive trauma. Patient has a diagnosis of lumbar sprain/strain, sacroiliac sprain/strain, bilateral carpal tunnel syndrome post R carpal tunnel release, chronic low back pain with degenerative disease and insomnia. Medical reports reviewed. The last report available is 5/29/14. Patient complains of low back pain. Pain radiates to lower extremities. Objective exam reveals tenderness to R sacroiliac (SI) joint, SI stress test was positive on R side. Gaenslen's is positive. Positive straight leg raise on R side. Range of motion of lumbar spine is decreased. Hypoesthesia is over R L4 and L S1 dermatomes. MRI of lumbar spine (9/3/13) reveals multilevel disc bulges, central neuroforaminal stenosis and facet arthropathy. EMG of upper and lower extremities on 10/7/13 revealed signs of mild bilateral median motor neuropathy at wrist, severe bilateral median sensory neuropathy at the wrist, severe bilateral ulnar sensory neuropathy with lesion at elbow, severe R sural sensory neuropathy and mild L peroneal motor neuropathy at ankle. No medication list was provided for review. Patient is noted to be on Norco. No other medications are noted on provided records. The patient has attempted medications, home exercise, physical therapy, chiropractic and rest with no improvement. Independent Medical Review is for LSO (Lumbar sacral orthosis) brace. A prior UR on 6/17/14 recommended non-certification of LSO brace. It recommended conditional non-certification of R sacroiliac joint injection and urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO(lumbar sacral orthosis) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As per ACOEM Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief. The patient's pain is chronic. There is rationale as to why a brace was requested for chronic back pain. LSO (Lumbar sacral orthosis) brace is not medically necessary.