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| Case Number: | CM14-0109945 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 11/06/2008 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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:

Presented documents reveal a patient with reported date of injury on 11/6/2008. No mechanism of injury was documented. Patient has a diagnosis of bilateral carpal tunnel syndrome, lumbosacral strain. Sprain, bilateral wrist pain and C5-6 herniated disc. Medical reports reviewed. The notes focused on the upper extremity complaints but lacked information concerning the back. Patient complains of bilateral upper extremity complaints. Also reports constant low back pain with pain radiating to feet. Objective exam reveals low back tenderness. There is no documentation concerning LSO brace request anywhere in the provided records. Electromyogram (EMG) (5/19/11) reported showed bilateral carpal tunnel syndrome. Magnetic Resonance Imaging (MRI) of Lumbar spine(7/14/2011) revealed straightening of lumbar spine, R lateral scoliosis, disc dehydration, annular tear at L2-3 and L5-S1, L2-3 with right poster lateral disc extrusion with caudal migration and annular tear, narrowing of bilateral lateral recesses with pressure over L3 nerve roots. No medication list was provided for review however the usage of topic creams were noted. Independent Medical Review is for (Retrospective) lumbar support brace (LSO) Sag-Coronal Prefab. Date of LSO brace was prescribed is 12/12/2011. Prior UR on 4/24/14 recommended non-certification for LSO brace. It also denied interferential therapy and hot/cold unit with pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of lumbar support brace LSO SAG-CORONAL PANEL PREFAB:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As per American College of Occupational and Environmental Medicine (ACOEM) Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief. 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.