

Case Number:	CM14-0012012		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2007
Decision Date:	07/03/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 37-year-old female with a reported date of injury of 08/01/2007. The mechanism of injury was noted to be due to a slip and fall. Her diagnoses were noted to include L5-S1 spondylosis/spondylolisthesis with lumbar radiculopathy, chronic cervical spine sprain/strain, gastritis, depressive disorder, and sleep disorder with delayed onset. Her previous treatments have included physical therapy, chiropractic treatment and psychiatric treatment. The progress note dated 01/09/2014 reported the lumbar range of motion as right/left lateral bending as 20/20, flexion was 30 degrees, and extension was 20 degrees, and there was pain on lumbar flexion and extension noted. The request for authorization form was not submitted within the medical records. The request is for a durable medical equipment purchase of a lumbosacral orthotic brace, the physician's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME) PURCHASE: LUMBOSACRAL ORTHOTIC (LSO) BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (revised), Pages 138-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: The injured worker has history of low back pain with L5-S1 spondylosis/spondylolisthesis, with left lumbar radiculopathy. The MTUS/ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the cause phase of symptom relief. The lumbar injury occurred back in 2007. The guidelines state there is a lack of evidence regarding a lasting benefit beyond the acute phase of symptom relief and the lumbar injury is seven (7) years old. Therefore, due to the age of the injury, the medical necessity of a lumbar support brace is not warranted at this time. Therefore, the request is not medically necessary.