

Case Number:	CM14-0018251		
Date Assigned:	04/21/2014	Date of Injury:	10/09/2012
Decision Date:	11/20/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

This patient sustained an injury on 10/9/12 while employed by [REDACTED]. Request(s) under consideration include LUMBAR SACRAL ORTHOSIS BRACE and Urine Toxicology Screen. Diagnoses include postconcussion syndrome; thoracic/lumbar intervertebral disc displacement without myelopathy/ sprain/ strain/ spinal stenosis without neurogenic claudication/ thoracic/ lumbosacral neuritis/radiculitis; and s/p right ankle ORIF. MRI of the lumbar spine dated 9/27/13 showed disc protrusion at L5-S1 and abutment of bilateral S1 nerve roots. Report of 1/21/14 from the provider noted patient with ongoing chronic back complaints with radiating down bilateral legs. Exam showed lumbar spine with limited range; positive SLR, right dorsiflexion motor weakness, and decreased sensation of L5-S1 distribution. Medications list Flexeril, Prilosec, and Naproxen. Treatment included LESI, back brace, UDS, and medication refills. The request(s) for LUMBAR SACRAL ORTHOSIS BRACE and Urine Toxicology Screen were non-certified on 2/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Orthosis Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372.

Decision rationale: This patient sustained an injury on 10/9/12 while employed by [REDACTED] [REDACTED]. Request(s) under consideration include Lumbar Sacral Orthosis Brace and Urine Toxicology Screen. Diagnoses include post-concussion syndrome; thoracic/lumbar intervertebral disc displacement without myelopathy/ sprain/ strain/ spinal stenosis without neurogenic claudication/ thoracic/ lumbosacral neuritis/radiculitis; and s/p right ankle ORIF. MRI of the lumbar spine dated 9/27/13 showed disc protrusion at L5-S1 and abutment of bilateral S1 nerve roots. Report of 1/21/14 from the provider noted patient with ongoing chronic back complaints with radiating down bilateral legs. Exam showed lumbar spine with limited range; positive SLR, right dorsiflexion motor weakness, and decreased sensation of L5-S1 distribution. Medications list Flexeril, Prilosec, and Naproxen. Treatment included LESI, back brace, UDS, and medication refills. The request(s) for Lumbar Sacral Orthosis Brace and Urine Toxicology Screen were non-certified on 2/7/14. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2012. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Lumbar Sacral Orthosis Brace is not medically necessary.