

Case Number:	CM14-0154670		
Date Assigned:	09/24/2014	Date of Injury:	08/18/2012
Decision Date:	11/26/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 injured worker is a 42-year-old female who reported an injury on 08/18/2012. The mechanism of injury reportedly occurred when her right arm was pulled in a downward motion. Her diagnoses include chronic lumbosacral sprain/strain, degenerative joint disease on the T9-10 and T11-12 level, and recent weight gain. Her treatments include medication, a home exercise program, physical therapy, and chiropractic treatment. Her diagnostics include x-rays and MRIs. Her surgeries were irrelevant to the work related injury. On 07/22/2014, the injured worker reported constant pain to the mid thoracic and lumbar spine. She denied leg pain or numbness. The physical examination revealed normal motor strength and normal sensation. Her medications were noted as Tramadol 50 mg, Soma 350 mg, Flexeril 5 mg, Cymbalta 30 mg, Paxil 20 mg, Vicodin 5/500 mg, and Lidocaine patch 5%. The treatment plan was for a TSLO brace. The rationale for the request was not provided nor was the Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

TSLO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (updated 08/22/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Low back, Lumbar supports

Decision rationale: Based on the clinical information submitted for review, the request for a TLSO brace is not medically necessary. According to the Official Disability Guidelines, lumbar supports are not recommended for prevention but are recommended as an option for treatment. It is noted that they are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. The injured worker had an x-ray done of the lumbar spine which showed very mild scoliosis and degenerative changes at T11-12. She complained of constant pain to the mid thoracic and lumbar spine. Guidelines indicate that lumbar supports may be used as treatment when there is evidence of necessary treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain. However, there is insufficient clinical documentation that reported such problems and the x-rays mainly noted mild degenerative changes at T11-12 and minimal kyphosis. Furthermore, the request failed to provide directions for use for the brace as prescribed. As such, the request for a TLSO brace is not medically necessary.