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| Case Number: | CM14-0164968 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 08/21/2008 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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, has a subspecialty in Pain 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:

This is a patient of the date of injury of August 21, 2008. A utilization review determination dated September 30, 2014 recommends noncertification of a lumbosacral orthosis. A progress report dated August 26, 2014 identify subjective complaints of low back pain, muscle spasms, and left hip pain. The note indicates that he has trouble sleeping at night and the pain is severely affecting his activities of daily living. Objective examination findings reveal pain with extension and tenderness over the parrot lumbar extensors and facet joints. Range of motion is limited due to pain. The patient has normal strength and sensation in the lower extremities. Diagnoses include difficulty walking, lumbago, chronic pain syndrome, sprain and strain of the ship, and adjustment disorder with depressed mood. The treatment plan recommends continuing medications including topical compounds, deferred to orthopedics regarding the patient's hip complaints, monitors psychological issues and consider psychology referral. A progress report dated April 17, 2014 recommends the patient to use a lumbar orthosis as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO sag-coronal panel prefabricated: Upheld

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

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 Chapter, Lumbar Supports

Decision rationale: Regarding the request for lumbosacral orthosis, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbosacral orthosis is not medically necessary.