

Case Number:	CM14-0176822		
Date Assigned:	10/30/2014	Date of Injury:	05/02/2008
Decision Date:	12/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 and is licensed to practice in Maryland. 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 employee was a 74-year old male who had a history of work place injury on 05/02/08 when he slipped on wet sand strewn on top of the concrete surface. His treatment had included physical therapy, medications and lumbar epidural steroid injections. His complaints included lumbar spine pain radiating to left buttock, left hamstring, left side of the mid back, left upper back, left scapula and left upper extremity. His pain was 5-9/10 with weakness of his left lower extremity. He had intermittent urinary incontinence. Pertinent objective findings in his lumbar spine included mild tenderness to palpation over the lumbar paravertebral muscles, tenderness to palpation of the spinous processes, limited range of motion, symmetrical deep tendon reflexes, intact sensation and normal muscle strength of lower extremities. X-ray of the lumbar spine from 07/16/04 showed anterolisthesis of L5 on S1. The request was for LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: LOS Brace Purchase: 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 rationale: The employee was a 74-year old male who had a history of work place injury on 05/02/08 when he slipped on wet sand strewn on top of the concrete surface. His treatment had included physical therapy, medications and lumbar epidural steroid injections. His complaints included lumbar spine pain radiating to left buttock, left hamstring, left side of the mid back, left upper back, left scapula and left upper extremity. His pain was 5-9/10 with weakness of his left lower extremity. He had intermittent urinary incontinence. Pertinent objective findings in his lumbar spine included mild tenderness to palpation over the lumbar paravertebral muscles, tenderness to palpation of the spinous processes, limited range of motion, symmetrical deep tendon reflexes, intact sensation and normal muscle strength of lower extremities. X-ray of the lumbar spine from 07/16/04 showed anterolisthesis of L5 on S1. The request was for LSO brace. The ACOEM guidelines do not recommend lumbar supports beyond the acute phase of symptom relief. The employee had low back pain since 2008. There is no documentation of instability or acute worsening of the chronic complaints. The request for LSO brace is not medically necessary.