

Case Number:	CM14-0020019		
Date Assigned:	06/11/2014	Date of Injury:	07/27/2011
Decision Date:	07/17/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery 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 employee is a 47-year-old gentleman who sustained a work related injury on July 27, 2011. The stated mechanism of injury was lifting a bus tub of dirty dishes and injuring his back. The most recent medical record available for review is dated December 17, 2013. On this date the injured employee complained of constant lumbosacral pain rated at 6-7/10 and radiating pain down both legs as well as left knee pain rated at 7/10. The physical examination on this date noted tenderness to the lumbosacral spine along with spasms and decreased range of motion. There is a diagnosis of a lumbar spine sprain/strain, a lumbar spine muscle spasm, lumbar radiculopathy, and left knee sprain/strain. Treatment plans included continued home exercise program, a follow-up with psychiatry, and a follow-up after lumbar epidural steroid injections. A prior utilization management review dated January 22, 2014 did not recommend the use of a lumbosacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LSO SAG-CORONAL PANEL PREFAB (12/09/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports, updated June 10, 2014.

Decision rationale: The Official Disability Guidelines recommend the use of a lumbosacral orthosis as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or for use in the postoperative setting. There is no peer-reviewed evidence-based medicine that indicates that lumbar supports are effective in preventing low back pain. There is however evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. Since the injured employee has none of the lumbar conditions listed above this request for a lumbosacral orthosis is not medically necessary.