

Case Number:	CM14-0022668		
Date Assigned:	06/11/2014	Date of Injury:	08/02/2011
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female with a reported date of injury of 08/02/2011. The injury reportedly occurred when the injured worker was sitting in a tow tractor and was struck by a train. Her diagnoses were noted to include lumbar disc disease and bilateral sacroiliac joint arthropathy. Her previous treatments were noted to include physical therapy, chiropractic manipulation, medication, rest, and home exercise program. The physical examination dated 01/28/2014 reported that during the lower spine examination diffuse tenderness was noted for the paravertebral musculature and tenderness to the facets. The sacroiliac discs were positive bilaterally for sacroiliac tenderness, during the Faber's/Patrick's, sacroiliac thrust tests, and Yeoman's test. The injured worker was also noted to have a bilateral positive straight leg raise. There was also a noted decreased range of motion of the lumbar spine. The sensory examination was intact to pain, temperature, light touch, vibration, and two (2) point discrimination in all dermatomes, and motor strength testing was rated 5/5 bilaterally. The Request for Authorization form was submitted 01/28/2014 for a lumbar sacral orthosis (LSO) brace for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SACRAL ORTHOSIS (LSO) BRACE: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: The injured worker had a reported date of injury of 08/02/2011. The MTUS/ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The worker's injury was from 2011 and therefore, she is past the acute phase of onset. The guidelines do not recommend lumbar supports past the acute phase, and therefore, a LSO brace is not warranted at this time. As such, the request is not medically necessary.