

Case Number:	CM14-0024719		
Date Assigned:	04/18/2014	Date of Injury:	03/28/2009
Decision Date:	07/02/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/13/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 57 year-old female with a 3/28/09 industrial injury claim. She has been diagnosed with lumbar sprain/strain with right radiculitis; SI joint sprain; history of headaches and stress. According to the 2/4/14 orthopedic report from [REDACTED], the patient presents with low back pain. She had a lumbar epidural injection on 1/22/14 and is starting to have improvement with back and leg pain. The treatment plan was to refill medications, start Norco, request ergonomic workstation evaluation, and an LSO.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO BRACE: 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): Table 12-8, pages 301,308.

Decision rationale: The patient presents with chronic back and leg pain. I have been asked to review for an LSO brace/support. The physician has appealed the denial citing a review article, and Blue Cross guidelines. Per LC 4610.5(2), MTUS is the highest ranked standard, and other

lower ranked standards are only used if the issue is not addressed in MTUS. MTUS does address lumbar supports, braces, orthoses. MTUS/ACOEM guidelines state: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief" The patient is not in the acute phase of care. The LSO brace is not in accordance with MTUS/ACOEM guidelines. Therefore, the request is not medically necessary.