

Case Number:	CM14-0028576		
Date Assigned:	06/16/2014	Date of Injury:	11/02/2006
Decision Date:	07/29/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 Nevada. 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 51-year-old male who was injured on November 2, 2006. The mechanism of injury is a slip and fall type event. The most recent progress note dated February 4 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decreased lumbar spine range of motion, tenderness to palpation, facet joint tenderness and positive straight leg raising. Diagnostic imaging studies objectified degenerative changes, disc desiccation and a four-millimeter disc bulge. Spondylosis is noted. Previous treatment includes epidural steroid injections and conservative pain techniques. A request was made for a lumbar brace and was not certified in the pre-authorization process on February 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SACRAL ORTHOSIS BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Treatment guidelines do not support the use of lumbar sacral orthotics (LSO's) and other lumbar support devices for the treatment, except in cases of specific treatment,

of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis. The lack of support for these devices in a subacute and chronic pain setting is based on the decreased activity level and weakness created by the device itself affecting all levels of the lumbar and sacral spine, with further resultant weakness and decreased mobility. Based on the guideline recommendations and the information provided for the above noted request is considered not medically necessary.