

Case Number:	CM14-0032766		
Date Assigned:	06/20/2014	Date of Injury:	06/17/2008
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/14/2014

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 worker is a 54-year-old male who was reportedly injured on June 17, 2008. The mechanism of injury was noted to be an injury to the lower back while picking up a ball. The most recent progress note dated March 28, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated reduced range of motion of the lumbar spine and a mildly antalgic gait. Muscle strength testing was 4/5 in the bilateral lower extremities. There were also decreased deep tendon reflexes bilaterally at the lower extremities. There were diagnoses of lumbago, depressed mood, chronic pain and failed back surgery syndrome. Laboratory tests were ordered, and there was a referral for a pain psychology consult. A request was made for a Thoracic-Lumbar-Sacral Orthosis (TLSO) back brace and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of thoraco-lumbo-sacral orthosis (TLSO) back brace metal support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, a lumbar support such as a Thoracic-Lumbar-Sacral Orthosis (TLSO) brace is not effective for the prevention of low back pain but can be used for treatment for compression fractures, spondylolisthesis, or documented instability. The injured employee does not have any of these stated conditions but is rather diagnosed with lumbago and failed back surgery syndrome. This request for a Thoracic-Lumbar-Sacral Orthosis (TLSO) lumbar support brace is not medically necessary.