

Case Number:	CM14-0047979		
Date Assigned:	07/07/2014	Date of Injury:	07/13/2010
Decision Date:	08/06/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 New York. 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 has chronic low back pain. The patient has a date of injury of July 13, 2009. The injury is nearly 4 years old. On physical examination the patient has spasm of the lumbar spine and painful range of motion of the back. A straight leg raise test is positive. There is weakness of 4/5 in the lower extremities. His has decreased sensation in the bilateral S1 distribution. At issue is whether a lumbar-sacral orthosis lumbar brace is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - LSO Back Brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - DME - Lumbar supports.

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 Chapter.

Decision rationale: The medical records do not support the need for a lumbar-sacral orthosis lumbar brace. Specifically, there is no documentation of fracture tumor or instability the lumbar spine. The guidelines do not support the use of lumbar braces for chronic low back pain without

evidence of fracture or instability. The criterion for lumbar bracing is not met. Therefore the request for a lumbar brace is not medically necessary.