

Case Number:	CM14-0061418		
Date Assigned:	07/09/2014	Date of Injury:	02/26/2014
Decision Date:	08/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 02/26/2014. The mechanism of injury was noted to be a fall. The treatments were noted to be medication and chiropractic care. His diagnoses were noted to be lumbar sprain and shoulder contusion. An emergency room report on 03/12/2014 indicated the injured worker with complaints of back pain status post fall. The physical examination noted no midline spinal tenderness, paraspinal tenderness, and lower clavicle tenderness. There was no evidence of acute displaced fracture or malalignment, according to a CT of the cervical spine. There was no significant paravertebral soft tissue swelling. The injured worker was discharged to home with medications. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Orthosis (LSO) back 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition, the Official Disability Guidelines do not recommend lumbar supports for prevention. They are recommended as an option for treatment, but only for certain indications. The guidelines recommend as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. It is documented in the emergency room report dated 03/12/2014 that the injured worker had diagnostic imaging with no indication of fractures. There was no documented instability and there was not a diagnosis of spondylolithesis. Therefore, the injured worker does not meet the criteria for the use of a back brace according to the guidelines. As such, the request for Lumbar Sacral Orthosis (LSO) back brace is not medically necessary and appropriate.