

Case Number:	CM14-0073660		
Date Assigned:	07/16/2014	Date of Injury:	08/01/1990
Decision Date:	08/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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, 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 77-year-old male with date of injury of 08/01/1990. The listed diagnosis [REDACTED], dated 02/21/2014, is lower back pain with lumbar stenosis. According to the only report provided for review, the treater has not seen the patient for a year and a half. The patient went back east and returned with a significant increase in his back condition. The patient underwent surgery on April 2013; however, the exact surgery report was not made available for review. He notes that he is having pain and is currently not taking any medications. He is walking with the aid of a walker for assistance. He has pain radiating down both legs. There are no obvious motor deficits in either lower or upper extremities. Sensory exam of the lower extremities is normal. The treater also references an x-ray of the lumbosacral spine, the date of which is unknown, which reveals evidence of decompressive laminectomy at L2-S1. The utilization review denied the request on 04/22/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Lumbo-Sacral Orthosis Brace (LSO) Sag-Coro Rigid Frame (DOS: 03/14/14):
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308 and on the Non-MTUS Official Disability Guidelines (ODG), Lumbar Supports Section.

Decision rationale: This patient presents with chronic back pain. The treater is requesting a lumbosacral orthosis brace (LSO). The ACOEM guidelines, page 301, on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Furthermore, ODG guidelines do not support the use of lumbar supports for prevention, stating that there is strong inconsistent evidence that lumbar supports were effective in preventing neck and back pain. In this case, ODG and ACOEM guidelines do not support the use of lumbar supports for the treatment or prevention of low back pain. The request is not medically necessary.