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| Case Number: | CM14-0074142 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 09/20/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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 records, presented for review, indicate that this 53-year-old male was reportedly injured on September 20, 2013. The mechanism of injury was noted only as an industrial injury to the lumbar spine. The medical record referenced a follow-up orthopedic evaluation dated February 10, 2014 at which time there were ongoing complaints of lumbar spine pain, spasm, and radiating pain and tingling to the foot. SI joint pain was also reported. The physical examination demonstrated positive bilateral straight leg raises. Diagnostic imaging studies were not referenced in the medical record provided. Previous treatment was not referenced in the medical record provided. A request had been made for an LSO brace for the lumbar spine and was not certified in the pre-authorization process on May 2nd, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace Purchase for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

Decision rationale: MTUS/ACOEM practice guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain 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 with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.