

Case Number:	CM14-0076812		
Date Assigned:	07/18/2014	Date of Injury:	10/15/2013
Decision Date:	10/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 Pain Medicine and is licensed to practice in Texas. 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 65 year old male who injured his low back while lifting tires on October 15, 2013. Progress note dated February 5, 2014; indicate the injured worker complains of neck, low back and bilateral shoulder pain, rated 7-9 out of 10 on the visual analog pain scale, without medication, and 5-7 out of 10 with pain medication. Back pain radiates to feet and shoulder pain radiates to fingers. Objective findings state the injured worker is improving with therapy. Physical exam not legible on progress note dated May 9, 2014. Diagnoses include cervical disc protrusion, cervical spine foraminal stenosis, lumbar spine foraminal stenosis, lumbar disc protrusion, and lumbar spine spondylolisthesis. The previous utilization review on May 12, 2014 denied the request for Lumbar Sacral Orthosis back brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Orthosis back brace for purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: Official Disability Guidelines reflect that lumbar supports are not recommended for prevention as there is strong evidence that lumbar supports are not effective in preventing low back pain. Lumbar supports may be an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). There is no evidence of instability of the lumbar spine that would support the need for LSO brace. Based on the clinical information provided, the request for Lumbar Sacral Orthosis back brace for purchase is not recommended as medically necessary.