

Case Number:	CM13-0070209		
Date Assigned:	01/03/2014	Date of Injury:	01/22/2004
Decision Date:	05/20/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female, who sustained an industrial injury on 1/22/2004. Diagnoses have included status post remote right total knee arthroplasty, status post remote lumbar decompression and protrusion L5-S1 with radiculopathy. Treatment to date has included surgery and medication. According to the progress report dated 11/15/2013, the injured worker complained of 8/10 low back pain with right greater than left lower extremity symptoms. The injured worker complained of 8/10 right knee pain. It was noted that the injured worker's lumbar-sacral orthosis (LSO) no longer fastened. The injured worker reported that the LSO did facilitate improved tolerance to standing and walking. Objective findings revealed diffuse tenderness of the right knee. Authorization was requested for purchase of a replacement Lumbar-Sacral Orthosis (LSO) brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REPLACEMENT LUMBOSACRAL ORTHOSIS (LSO) BRACE PURCHASE: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for lumbosacral orthosis, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, the patient was previously given lumbosacral orthosis for lower back pain, which helped him to stand and walk longer. However, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested for a replacement of lumbosacral orthosis is not medically necessary.