

Case Number:	CM14-0203990		
Date Assigned:	12/16/2014	Date of Injury:	04/03/2012
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker (IW) is a 43-year-old woman with a date of injury of April 3, 2012. The mechanism of injury was not documented in the medical record. The IW sustained injury to her cervical spine. The injured worker's working diagnoses are lumbar disc disease; and lumbar facet syndrome. Pursuant to the progress note date November 12, 2014, the IW presents with moderate to severe low back pain without radiating symptoms. She has pain primarily in the lumbar facets bilaterally at L3-L4 and L4-L5. Physical examination of the cervical spine reveals diffuse tenderness to palpation noted over the lumbar paravertebral musculature. There is moderate facet tenderness to palpation noted over L3 through S1. Piriformis test are negative bilaterally. Sacroiliac tests are negative bilaterally. Kemp's test is positive bilaterally. The IW is taking Norco and Cymbalta for nausea and headaches. Treatment recommendations include lumbar medial branch nerve blocks at the bilateral L3 through L5 levels and a lumbosacral orthosis (LSO). The current request is for an LSO for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - lumbar supports

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 Section, Lumbar Supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbosacral orthosis is not medically necessary. Lumbosacral supports were not shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing low back injury. Lumbar supports do not prevent low back. In this case, the injured worker's working diagnoses, pursuant to a qualified medical examination dated November 12, 2014, are lumbar disc disease; and lumbar facet syndrome. On page 444 of the medical record, the qualified medical examiner indicated "the patient should have an LSO brace for home use". The primary physician's documentation was largely illegible. There was no documentation with an indication or clinical rationale for the LSO brace by the primary treating physician. The injured worker complained of low back pain without radiating symptoms. Medications were Norco and Cymbalta. Injured worker underwent multiple physical therapy sessions. The injured workers in the chronic phase of her work injury. The date of injury is April 3, 2012. Consequently, absent the appropriate clinical indication/rationale for the LSO brace and the guideline recommendations that lumbar supports do not have lasting benefits beyond the acute phase of symptom relief. Therefore, this request is not medically necessary.