

Case Number:	CM15-0003405		
Date Assigned:	01/21/2015	Date of Injury:	02/28/2014
Decision Date:	04/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 02/28/2014. Her diagnoses include protrusion at the T7-8, protrusion at the L5-S1 with bilateral foraminal stenosis, and right shoulder early impingement. Her past treatments included surgery, medication, TENS unit, a brace, home exercise, and physical therapy. On 01/05/2015, the injured worker complained of low back pain, left greater than right, rated 6/10, and thoracic pain rated 6/10 with associated burning. The physical examination of the lumbar range of motion percent of normal was with flexion at 50, extension at 40, bilateral lateral tilt at 40, and bilateral rotation at 40. The injured worker was indicated to have a positive straight leg raise bilaterally with diminished sensation to the T7-8 dermatomal distribution and limited range of motion in the thoracic spine to all planes. There was also decreased spasm in the lumbar paraspinal musculature. His relevant medications included tramadol, Naprosyn 550 mg, pantoprazole 20 mg, and cyclobenzaprine 7.5 mg. The treatment plan included an LSO brace. A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

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

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

Decision rationale: The request for LSO brace is not medically necessary. According to the Official Disability Guidelines, lumbar supports are not recommended for prevention of neck and back pain. However, it is offered for compression fractures and specific treatments of spondylolisthesis, documented instability, and for postoperative fusion use. The injured worker was indicated to have a lumbar support brace. However, there was a lack of documentation to indicate medical necessity for a replacement. There was also a lack of documentation to specify why the current brace was not being utilized. In addition, the guidelines do not recommend the use of lumbar supports for the prevention of neck and back pain. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.