

Case Number:	CM15-0005057		
Date Assigned:	01/16/2015	Date of Injury:	11/27/1996
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57- year old female, who sustained an industrial injury on November 27, 1996. She has reported falling while walking. The diagnoses have included severe facet arthropathy at the L5-S1, spondylolisthesis at the L3 through S1 with stenosis, disc degeneration of the L3 through the L5 and L5 radiculopathy. Treatment to date has included permanent spinal cord stimulator placement and then removal, left carpal tunnel release, status-post lumbar laminectomy and foraminotomy at the L3-L4 and L4-L5, left total knee arthroplasty that failed, pain medications, physical therapy, and routine monitoring. Currently, the IW complains of low back and left leg symptoms, which had worsened since she was last evaluated. The worker had recently had an epidural steroid injection in the last month that only provided temporary relief. Low back pain was described as radiating down the left anterior and posterior thigh with numbness through the shin and calf into the foot. Pain was rated a 2 at the best and a 9-10 at worse when standing or walking. The worker also complained for pain in the right and left hand with spasms and rated a 2 at best and a seven to eight at worse. Range of motion was decreased. A magnetic resonance imaging of the lumbar spine revealed a grade II spondylolisthesis at the L5-S1 with severe disc height loss and severe left foraminal stenosis at the L5-S1. Diagnoses included severe facet arthropathy and grade I spondylolisthesis at the L5-S1, spinal stenosis at the L3-L5, left L5 radiculopathy, status-post decompression and disc degeneration of the L3-L5, failed left total knee arthroplasty and status-post removal of a spinal cord stimulator. On December 22, 2014, the Utilization Review decision non-certified a request for a Lumbar LSO Brace, noting the surgery had not been established as medically necessary and as such the brace

would not be medically necessary at the time of the request. The ODG, Low Back Chapter was cited. On January 30, 2015, the injured worker submitted an application for IMR for review of Lumbar LSO Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers' Comp Low Back Chapter, Back Brace, Post-operative (Fusion)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. In addition, the lumbar surgery had not been established as medically necessary and as such the brace would not be medically necessary. Therefore, the request for lumbar LSO Brace is not medically necessary.