

Case Number:	CM15-0008747		
Date Assigned:	01/26/2015	Date of Injury:	05/10/2008
Decision Date:	03/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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 40-year-old female who reported an injury on 05/10/2008. Her mechanism of injury was not included. Her diagnoses included lumbar stenosis, lumbar disc herniation, and bilateral lumbar radiculopathy. Her medications were not included. The injured worker ambulates with a rolling walker with a seat. She has undergone weight reduction surgery with a gastric bypass procedure in 01/20/2014. The progress report dated 10/27/2014 documented the injured worker had lost 90 pounds, and while she stated the weight reduction has relieved some of her back pain, she still has great difficulty walking. She had fallen on several occasions, and feels unstable now in both legs. She described a numbness and tingling perception as she moves from a sitting to a standing position that radiates into the anterior part of her thighs. The treatment plan included moving forward with surgical intervention now that the injured worker's blood sugars were reasonable and A1C has dropped from a 13 to a 6. Request a new MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace, Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 11/21/14), Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for LSO Back Brace, Purchase is not medically necessary. The ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is documentation to indicate the injured worker is beyond the acute phase of her back pain, and the guidelines specifically state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is a lack of documentation regarding low back pain rated on a pain scale, or any exceptional factors or recent new injury to indicate this was an acute phase of low back pain. Therefore, the request for LSO back brace, purchase is not medically necessary.