

Case Number:	CM15-0107501		
Date Assigned:	06/12/2015	Date of Injury:	07/24/1998
Decision Date:	07/21/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male who sustained an industrial injury on 07/24/1998. Mechanism of injury occurred when he was guiding a physically and emotionally challenged student and the student fell and he caught the student, producing low back pain. Diagnoses include lumbar disc degeneration, lateral recess stenosis, cervical disc degeneration, herniated nucleus pulposus-lumbar, and lumbago. Treatment to date has included diagnostic studies, hemilaminectomy and discectomy in 2000, medications, epidural steroid injections, and lumbar facet blocks. Medications include Norco, and Gaba-Keto Compound. Lumbar range of motion is restricted. He has an antalgic gait and uses a cane to ambulate. The most recent progress note dated 02/09/2015 documents the injured worker has complaints of low back pain. Treatment requested is for retrospective LSO sag-Coro rigid frame (DOS 3/25/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective LSO sag-coro rigid frame (DOS 3/25/15): Upheld

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

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. In this case, there is no history of recent surgery and no objective evidence of instability. The request for retrospective LSO sag-coro rigid frame (DOS 3/25/15) is determined to not be medically necessary.