

Case Number:	CM15-0109728		
Date Assigned:	06/16/2015	Date of Injury:	05/15/2012
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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: 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 59 year old male, who sustained an industrial injury on 5/15/12. He has reported initial complaints of left knee, right ankle and back injury. The diagnoses have included lumbar spine myofascitis with radiculitis, rule out lumbar spine disc injury, and left knee internal derangement. Treatment to date has included medications, activity modifications, diagnostics, chiropractic, left knee surgery, physical therapy, other modalities, and home exercise program (HEP). Currently, as per the physician progress note dated 5/11/15, the injured worker fell last week because of right ankle and right lower extremity (RLE) weakness. It is noted that the pain was severe and he reported that he was not sleeping. The objective findings reveal limited lumbar spine active range of motion. There is no diagnostic testing noted in the records. There is previous therapy sessions noted. Work status is permanent and stationary. The physician noted that because of the fall injury last week he is requesting a Custom Lumbar-Sacral Orthosis (LSO) brace purchase for daily use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom LSO 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 (ODG), Low Back Chapter.

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

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a lumbar support beyond the acute injury phase. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase for this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention and is under study for the treatment of nonspecific LBP and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, post-operative treatment, not demonstrated here. The Custom LSO brace purchase is not medically necessary and appropriate.