

Case Number:	CM15-0010764		
Date Assigned:	01/29/2015	Date of Injury:	04/05/2011
Decision Date:	04/21/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/20/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 48 year old female, who sustained an industrial injury on 4/5/2011. On 1/20/15, the injured worker submitted an application for IMR for review of LSO Brace. The treating provider (12/1/14) has reported the injured worker complained of shoulder pain and low back pain. Notes demonstrate the injured worker needs a new LSO as old one "no longer fastens due to weight gain". The diagnoses have included lumbar/cervical, bilateral hips, bilateral shoulders, fibromyalgia. Treatment to date has included physical therapy, right shoulder MRI, TENS unit 30 day trial and diagnostics consist of a lumbar MRI (12/16/14), CT Lumbar Spine (4/8/14), MRI left shoulder (7/1/14). IT is also noted the injured worker has a Partial laminectomy bilaterally at L5-S1, transforaminal lumbar fusion L5-S1, Cage placement L5-S1 with instrumentation and autograft; posterior fusion L5-S1 (10/2/12), right shoulder arthroscopic subacromial decompression, partial distal clavicle resection, SLAP lesion (7/1/14). On 12/25/14 Utilization Review non-certified a LSO Brace. The ACOEM and ODG Guidelines were cited.

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 Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301.

Decision rationale: This injured worker has complaints of chronic back pain. Per the ACOEM, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in the treatment. The records do not substantiate the medical necessity for a lumbar LSO. LSO Brace is not medically necessary.