

Case Number:	CM15-0135387		
Date Assigned:	07/23/2015	Date of Injury:	04/18/2007
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 4/18/07. She has reported initial complaints of a back injury after lifting at work. The diagnoses have included lumbar post laminectomy syndrome, sacroiliitis and headache. Treatment to date has included medications, activity modifications, epidural steroid injection (ESI), lumbar surgery and physical therapy. Currently, as per the physician progress note dated 3/26/15, the injured worker complains of chronic low back pain with radiation to the bilateral lower extremities. There are also complaints of numbness and tingling in the bilateral lower extremities. The physical exam of the lumbar spine reveals well healed surgical scars and tenderness noted over the sacroiliac joints on both sides and the facet joints on the right side. The physician requested treatment included Lumbo-Sacral Orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbo-Sacral Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Low back chapter-Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines back brace Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a lumbosacral orthosis is not medically necessary.