

Case Number:	CM15-0147000		
Date Assigned:	08/10/2015	Date of Injury:	01/13/2013
Decision Date:	09/10/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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: Georgia, California, Texas

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 63 year old female, who sustained an industrial injury on 1-13-2013. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having lumbar disc disease and lumbar facet syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-3-2015, the injured worker complains of low back pain rated 3 out of 10 with medications and 8 out of 10 without medications and bilateral lower extremity numbness, tingling and weakness. Physical examination showed tenderness over the lumbar paravertebral muscles and facet, painful lumbar range of motion and a wide based gait with a cane. The treating physician is requesting a lumbosacral orthotic brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LSO brace: 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, Lumbar & Thoracic (Acute & Chronic) - Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301, 308.

Decision rationale: ACOEM Guidelines states that "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Table 12-8 lists corsets for treatment as Not Recommended. In the absence of documented fracture or instability, medical necessity is not established for the requested LSO (lumbosacral orthotic) brace. Therefore, the request is not medically necessary.