

Case Number:	CM15-0161967		
Date Assigned:	08/27/2015	Date of Injury:	11/10/2011
Decision Date:	10/02/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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 52 year old male, who sustained an industrial injury on 11-10-2011. On provider visit dated 07-23-2015 the injured worker has reported low back pain. On objective findings the injured worker was noted to have difficulty standing from a seated position, positive straight leg raise, slow guarded gait, positive torso inclined forward and a limited range of motion was noted in the lumbar spine. The diagnoses have included rule out lumbar spine disc injury and lumbar spine myofascitis with radiculitis. Treatment to date has included medication. MRI of the lumbar spine was performed on 08-29-2014. The injured worker was noted as permanent and stationary. The provider requested LSO back brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 7/23/15 progress report provided by the treating physician, this patient presents with back pain radiating from left across buttocks down lower extremity, and intermittent right shoulder pain with headaches. The treater has asked for LSO BACK BRACE PURCHASE on 7/23/15 for use during activity. The patient's diagnoses per request for authorization form dated 7/23/15 are L/S myofascitis with radiculopathy. The patient's feet are tingling and numb, and fingers are slightly numb per 6/20/15 report. The patient was prescribed Norco, Soma, and Xanax per 3/19/15 report. Current medication regimen reduces pain by 65% per 7/23/15 report. The patient has not had prior use of back brace per review of reports. The patient's work status is permanent and stationary as of 7/23/15 report. ACOEM Chapter 12, pg. 301: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief. ODG guidelines, low back chapter under lumbar supports: Prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option). In this case, the LSO brace was first requested on 6/20/15 report for daily use. In progress report dated 7/23/15, treater states: please reconsider L/S LSO for use during activity. Discussed the risk of deconditioning if worn all the time. ODG states that LSO brace is a recommended option for those with spondylolisthesis or documented instability, neither of which this patient does presents with. Therefore, the requested LSO brace IS NOT medically necessary.