

Case Number:	CM15-0165318		
Date Assigned:	09/02/2015	Date of Injury:	04/29/2014
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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 54-year-old female, who sustained an industrial injury on 4-29-2014. Diagnoses include lumbar sprain-strain status post anterior lumbar interbody fusion (ALIF), right shoulder sprain-strain with full thickness anterior rotator cuff tear, lumbago, Treatment to date has included surgical intervention (lumbar discectomy, 2012 and fusion, undated) as well as conservative treatment including medications and lumbar epidural steroid injections. Per the handwritten Primary Treating Physician's Progress Report dated 7-27-2015, the injured worker presented for follow-up evaluation. Physical examination of the lumbar spine revealed tenderness to palpation. The plan of care included a lumbar spine brace and authorization was requested for LSO brace. Per the Comprehensive Pain Management Consultation dated 5-15-2015, the injured worker reported lumbar spine pain rated as 6 out of 10, right side greater than left into the left leg to the knee with numbness to the left thigh with weakness that causes her to fall. Physical examination revealed restricted lumbar ranges of motion with moderate tenderness noted over the lumbar paravertebral musculature, moderate pain over the retained hardware at L4-5, and moderate facet tenderness bilaterally.

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. Decision based on Non-MTUS Citation ODG Online Edition, Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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 back brace is not medically necessary.