MAXIMUS Federal Services

Case Number:	CM15-0182619		
Date Assigned:	09/23/2015	Date of Injury:	01/16/2013
Decision Date:	11/10/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on January 16, 2013. The injured worker was diagnosed as having lumbar spine strain and left foot strain. Treatment and diagnostic studies to date has included chiropractic therapy, medication regimen, use of a lumbosacral brace, use of a single point cane, and laboratory studies. In a progress note dated August 11, 2015 the treating physician reports complaints of pain to the lower back, left ankle, and left foot, but the progress note did not indicate the injured worker's numeric pain level as rated on a visual analog scale. Examination performed on August 11, 2015 was revealing for diminished left anterior to mid-thigh, mid-lateral thigh, mid-lateral ankle, and the left ankle. On August 11, 2015, the treating physician noted that the injured worker presented using a lumbosacral brace and a single point cane that was note to be in "good condition". On August 11, 2015, the treating physician requested a lumbosacral brace, but the progress note did not indicate the specific reason for the requested equipment. On August 21, 2015, the Utilization Review determined the request for lumbosacral brace to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LS Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, lumbar support.

Decision rationale: Pursuant to the Official Disability Guidelines, L/S brace is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports to not prevent low back pain. In this case, the injured worker's working diagnoses are lumbar spine strain and left foot strain. Subjectively, the documentation states there is no numbness, tingling loss of bowel control new allergies or employment. There is pain in the low back and left ankle/foot under the physical examination and sensory testing section, there is mention of an L/S brace and a single point cane. Physical examination space there is diminished left anterior mid thigh, mid lateral ankle and lateral ankle (blank). There are no other musculoskeletal findings or back examination in the medical record. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is no medical indication or rationale for a lumbar brace in the documentation. There is no objective physical examination of the lumbar spine in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of physical examination of the lumbar spine, guideline not recommendations for lumbar supports and no clinical indication or rationale for a lumbar spine support, L/S brace is not medically necessary.