

Case Number:	CM15-0189636		
Date Assigned:	10/01/2015	Date of Injury:	11/26/2002
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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 60-year-old female who sustained an industrial injury on 11-26- 2002. Current diagnoses include lumbar spine sprain-strain. Report dated 08-21-2015 noted that the injured worker presented with complaints that included low back pain. Pain level was 6 (with medication) and 8 (without medication) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-21-2015 revealed tenderness in the L4-L5 levels, bilateral sacroiliac joint pain, bilateral paraspinal spasm, and decreased range of motion. Previous treatments included medications, medial branch blocks, sacroiliac joint injections, and daily exercise and stretching. The treatment plan included requests for an LSO brace and Norco. The treating physician indicated that the LSO brace was to decrease lumbar spine pain and increase ability to stand longer. Request for authorization dated 08-21-2015, included requests for Norco and LSO brace. The utilization review dated 09-08-2015, non-certified the request for LSO brace.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function; therefore, the request for LSO brace is determined to not be medically necessary.