

Case Number:	CM15-0193574		
Date Assigned:	10/13/2015	Date of Injury:	10/29/2014
Decision Date:	12/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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, Hawaii
 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 45 year old female with an industrial injury date of 10-29-2014. Medical record review indicates she is being treated for disc degenerative disease of lumbar spine lumbar 5-sacral 1 with increasing symptoms. Subjective complaints (07-27-2015) included low back pain with radiation of pain to right lower extremities. Work status is documented as "currently working with limitations of no lifting greater than 5 pounds, no use of stairs or no repetitive bending (07-27-2015)." Prior treatments are documented (06-30-2015) as physical therapy and acupuncture which provided "temporary benefit." Physical examination (07-27-2015) findings included muscle spasm and acute tenderness to palpation in the right sciatic notch area. Range of motion of the lumbosacral spine "is markedly decreased." On 09-04-2015, the request for LSO brace (lumbar) was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace (Lumbar): Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Supports.

Decision rationale: The records indicate the patient has persistent low back pain with radiation into the right lower extremity. The current request for consideration is LSO Brace Lumbar. The 7/27/15 attending physician report indicates the patient is having more severe symptomatology and is fitted for a lumbosacral support to give her aid while working. The CA MTUS is silent on this issue, so the Official Disability Guideline (ODG) was consulted. The ODG does not recommend lumbar supports for prevention, but Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. In this case, the patient is having ongoing low back pain which has been considered due to degenerative disc disease at L5/S1. The request for an LSO brace to assist the patient while at work is consistent with ODG guidelines, which recommend lumbar braces for non-specific low back pain. As such, the request is medically necessary.