

Case Number:	CM15-0196847		
Date Assigned:	10/12/2015	Date of Injury:	07/16/2004
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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(n) 54 year old female, who sustained an industrial injury on 7-16-04. The injured worker was diagnosed as having right-sided L5-S1 disc herniation. Medical records (3-25-15 through 4-22-15) indicated 9 out of 10 pain in the lower back. The physical exam (3-25-15 through 4-22-15) revealed lumbar flexion is 20 degrees, extension is 10 degrees and lateral bending is 15 degrees bilaterally. There is also a positive straight leg raise test bilaterally. As of the PR2 dated 5-20-15, the injured worker reports low back pain that radiates to the lower extremities. She rates her pain 9 out of 10. Objective findings include lumbar flexion is 20 degrees, extension is 10 degrees and lateral bending is 15 degrees bilaterally. There is also a positive straight leg raise test bilaterally. Treatment to date has included a home exercise program, an intramuscular injection on 3-25-15 for pain, Norco and Ibuprofen. The treating physician requested an LSO brace system LOC x 1 (purchase). The Utilization Review dated 9-21-15, non-certified the request for an LSO brace system LOC x 1 (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace LSO System LOC x 1 (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Harris J. Occupational medicine practice guidelines, 2nd edition (2004) p 308-310.

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

Decision rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this chronic 2004 injury. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Brace LSO System LOC x 1 (purchase) is not medically necessary and appropriate.