

Case Number:	CM15-0202300		
Date Assigned:	10/19/2015	Date of Injury:	05/25/2007
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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 50 year old female who sustained an industrial injury 05-25-07. A review of the medical records reveals the injured worker is undergoing treatment for status post lumbar spine surgery, depression, and chronic pain. Medical records (08-19-15) reveal the injured worker complains of low back pain rated at 5/10, as well as symptoms of depression. The physical exam (08-19-15) reveals bilateral tenderness or spasm to palpation in the lumbosacral area, as well as limited lumbar spine range of motion. Heel and toe ambulation is "slightly" painful. Prior treatment includes lumbar spine surgery, medications, and an unknown number of acupuncture, chiropractic treatment, and physical therapy sessions. The treating provider reports the plan of care as medications including Exoten-C lotion, Lidoderm patches, physical therapy, a lumbar spines support belt, and exercises. The original utilization review (09-24-15) non certified the request for a lumbar sacral orthosis-horizon brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar sacral orthosis/horizon brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, lumbar supports.

Decision rationale: The patient presents with low back pain radiating to the bilateral legs and bilateral feet. The current request is for Lumbar sacral orthosis/ horizon brace. The treating physician's report dated 08/23/2015 (476B) states, Lumbosacral palpation from L1 to the sacrum shows areas of tenderness or spasm bilaterally. Straight leg raise test is causing hamstring tightness. The ACOEM Guidelines page 301 on lumbar bracing states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines under the Low Back chapter on lumbar supports states, Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of non-specific low back pain, very low quality evidence, but may be a conservative option. Given that the patient does present with low back pain, the ODG Guidelines support the use of a lumbar brace as a conservative option for non-specific low back pain. The current request is medically necessary.