

Case Number:	CM15-0024735		
Date Assigned:	02/17/2015	Date of Injury:	12/10/2013
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old male, who sustained an industrial injury on 12/10/2013. The diagnoses have included L3-4 foraminal disc protrusion, L3-4 spinal canal stenosis and lumbago. Treatment to date has included magnetic resonance imaging (MRI) (4/30/2014), electro-diagnostic testing, and physical therapy, injections, medications and activity modification. Currently, the IW complains of back pain that is worsening. It is rated as 4-5/10 but can increase to 10/10 with prolonged sitting or standing. Medications help alleviate the pain. Objective findings included restricted lumbar range of motion. There is positive femoral stretch test on the left and straight leg raise test is negative. There is weakness in the left quadriceps at 3/5. Sensation is decreased on the left in an L3-4 distribution. The plan is for surgery. On 1/23/2015, Utilization Review non-certified a request for an LSO lumbar brace, noting that the clinical findings do not support the medical necessity of the treatment. The ACOEM Guidelines were cited. On 2/09/2015, the injured worker submitted an application for IMR for review of PO lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: California MTUS guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. While the patient is recovering from low back symptoms, activities that do not aggravate symptoms can be maintained, and exercises to prevent debilitation due to inactivity can be advised. The patient should be informed that this may temporarily increase symptoms. Making every attempt to maintain the patient at maximal levels of activity is recommended. The injured worker is undergoing decompression but not a spinal fusion. There is no medical necessity for immobilization. As such, the request for a lumbosacral orthosis is not supported by guidelines and the medical necessity of the request is not substantiated.