MAXIMUS Federal Services

Case Number:	CM15-0026677		
Date Assigned:	02/19/2015	Date of Injury:	12/08/2008
Decision Date:	04/15/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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, Pain Management

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 53 year old female, who sustained an industrial injury on December 8, 2008. She reported neck, left shoulder, lower back and left ankle pain. The injured worker was diagnosed as having chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with a psychological component, insomnia secondary to chronic pain and chronic neck pain with degenerative cervical spondylosis. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain injections, behavioral medicine for chronic pain syndrome, medications and work restrictions. Currently, the injured worker complains of neck pain, left shoulder pain, low back pain and severe radicular pain to the bilateral lower extremities, right worse than left. The injured worker reported an industrial injury in 2008, resulting in the above noted symptoms. She has been treated conservatively and with epidural steroid injections without complete resolution of the pain. She reported progressing pain interfering with the ability to perform activities of daily living. She was noted to be very active before the injury and has developed depression secondary to the chronic pain and inability to remain active. Evaluation on January 4, 2015, revealed continued pain with radiculopathy of the lower extremities. The treatment plan included continuing medications, using an epidural steroid injection and to consult with behavior medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen horizon LSO brace for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for lumbosacral orthosis, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbosacral orthosis is not medically necessary.