

Case Number:	CM15-0029820		
Date Assigned:	02/23/2015	Date of Injury:	05/24/1991
Decision Date:	04/09/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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 69 year old female, who sustained an industrial injury on 3/24/91. She has reported pain in the lower back, shoulders and legs. The diagnoses have included lumbago, lumbar degenerative disc disease and right shoulder labral tear. Treatment to date has included lumbar spine x-rays, right shoulder arthroscopy, physical therapy and oral medications. As of the PR2 dated 1/15/15, the injured worker reports ongoing bilateral lower extremity pain and pain with flexion and extension of the back. The treating physician requested a LSO brace purchase. On 2/12/15 Utilization Review non-certified a request for a LSO brace purchase. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment and low back complaints. On 2/12/15, the injured worker submitted an application for IMR for review of a LSO brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, Lumbar supports.

Decision rationale: This patient presents with ongoing bilateral lower extremity pain since the injury date of 3/24/1991. The treater requests LSO brace purchase per report dated 1/15/15 to "protect and support the lumbo-sacral areas and aid in supporting the back and abdominal areas." ODG guidelines state braces are not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Additionally, ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The treater requests purchase of a brace for a patient who sustained injury almost 25 years ago. However, there is "no report of weakness in the thighs or legs." No report of "bladder or bowel changes." Patient reports "mild strength deficit in musculature secondary to guarding with distal strength normal." Gait pattern is within normal limits. Exam of sensation is intact. Patient is also negative for arthralgias or worsening joint pain elsewhere. Given the lack of any recent reinjury or documentation of acute or recent surgery, trauma or diagnosis, the request for a LSO brace is not a medical necessity, nor is its use supported by ODG or ACOEM guidelines.