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| Case Number: | CM15-0035684 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 10/14/2013 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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 45-year-old female, who sustained an industrial injury on October 14, 2013. The diagnoses have included lumbar disc disease, lumbar facet syndrome and bilateral knee sprain/strain. A progress note dated January 27, 2015 provided the injured worker complains of low back pain radiating to buttocks and legs with numbness and tingling. She rates the pain as 8/10. Physical exam notes lumbar tenderness and antalgic gait to the left. On February 19, 2015 utilization review non-certified a request for lumbosacral orthotic brace The American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthotic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: According to the 01/27/2015 progress report, this patient presents with "moderate-to-severe low back pain with intermittent radiation down into both lower extremities." The current request is for lumbosacral orthotic brace "for home use." The request for authorization is on 01/27/2015. The patient's work status was deferred to the primary treating physician. Regarding lace brace, 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 regarding lumbar supports states "not recommended for prevention", however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant the use of a lumbar brace. The guidelines support the use of a lumbar brace in the acute phase of care and this patient is in the chronic phase of care. Therefore, the request IS NOT medically necessary.