

Case Number:	CM15-0046228		
Date Assigned:	03/18/2015	Date of Injury:	01/17/2003
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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 64 year old female, who sustained an industrial injury on 01/17/2003. Initial complaints reported included left knee and neck pain. The injured worker was diagnosed as having bilateral meniscus tear of left knee. Treatment to date has included conservative care, medications, physical therapy, MRI of the left knee, left knee surgery (03/2003, 2004 or 2006, and 02/15/2013), injections to the left knee, MRI of the cervical spine, epidural steroid injections to the cervical spine and lumbar spine, cervical spine surgery (08/28/2013), x-rays of the cervical and lumbar spines, and multiple consultations and evaluations. Currently, the injured worker complains of difficulty sleeping and ongoing low back pain. Current diagnoses include cervical post-surgical syndrome, facet arthropathy, lumbar degenerative disc disease, and insomnia due to chronic pain. The treatment plan consisted of continued medications, purchase of lumbar brace and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lumbar-Sacral Orthosis (LSO): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.