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| Case Number: | CM15-0055895 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 05/01/2012 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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 was a 49-year-old female, who sustained an industrial injury, May 1, 2012. Repetitive injury sustained while working in the laundry department, pushing carts, pulling washers and dryers, folding clothes and loading carts. The injured worker received the following treatments in the past lumbar spine MRI and Ibuprofen. The injured worker was diagnosed with depression, lumbar strain/sprain, cervical strain/sprain, bilateral shoulder strain/sprain and right hand strain/sprain and psychological disorder. According to progress note of June 12, 2013, the injured workers chief complaint was lower back pain 8 out of 10, neck pain 4 out of 10 and bilateral shoulder pain 8 out of 10; 0 being no pain and 10 being the worse pain. The lumbar pain was described as sharp with radiation to the lower extremities, with numbness and weakness of the lower extremities. Ibuprofen helps with the pain. The physical exam noted non-tender to palpation, negative for spasms, negative straight leg raises and negative bilateral heel to toe. The lower leg strength was 5 out of 5, gross sensation and motor intact. The treatment plan included LSO Sag-Coro rigid frame retroactive from July 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase LSO sag-coro rigid frame (low back) (DOS 7/16/13): 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): Low Back Chapter, page 301. Decision based on Non-MTUS Citation ODG, Low Back, Back brace, page 372.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a custom back brace for acute post-operative use. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase of injury of 2012. In addition, ODG states Lumbar supports as not recommended for prevention and is under study for treatment of nonspecific LBP, recommending as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment. The Retrospective purchase LSO sag-coro rigid frame (low back) (DOS 7/16/13) is not medically necessary and appropriate.