

Case Number:	CM15-0056672		
Date Assigned:	04/01/2015	Date of Injury:	06/05/2013
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 27 year old, male who sustained a work related injury on 6/5/13. The diagnosis has included lumbar spine strain/sprain. The treatments have included chiropractic treatments and medications. In the PR-2 dated 2/18/15, the injured worker complains of lumbar spine pain. He rates the pain a 6/10. The treatment plan is a request for a lumbar sacral orthosis brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) lumbar sacral orthosis (LSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298, 301, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Lumbar Brace.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, DME: lumbar spinal orthosis (LSO) is not medically necessary. Lumbar supports have not been shown

to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnosis is lumbosacral sprain/strain. The date of injury is June 5, 2013. Subjectively, and a progress note dated February 18, 2015, the injured worker has moderate low back pain with VAS pain scale of 5/10 and soreness. There is no prior surgery documented in the medical record. There is no instability documented in the medical record. Pain is increased with stooping and bending. Objectively, there is no documentation in the progress note. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. Consequently, absent guideline recommendations for lumbar supports, DME: lumbar spinal orthosis (LSO) is not medically necessary.