

Case Number:	CM15-0056710		
Date Assigned:	04/01/2015	Date of Injury:	10/02/1993
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
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

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 67 year old male, who sustained an industrial injury on 10/02/1993. Currently under review is the request for LSO SAG Coronal Panel Prefab C-retrospective date of service 01/20/2015. According to a progress report dated 01/20/2015, the injured worker reported increased low back pain that was getting worse especially in the lower extremity on the right. He also report left leg pain and numbness. He was status post fusion at L5-S1 dating back to 1999 resulting in one-sided failure. Diagnoses included lumbar facet arthropathy, lumbar disc syndrome, acute muscle spasm, history of lumbar radiculopathy, opioid dependency, status post left knee arthroscopy and status post low back fusion in 1999 with resulting one-sided fusion failure. Treatment plan included request for authorization for spinal surgical consultation, continue Norco and request orthopedic consult left status post knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 1/20/15) LOS SAG Coronal Panel Prefab C-: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Online Low Back Chapter- Lumbar Support.

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 are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Retrospective (DOS 1/20/15) LOS SAG Coronal Panel Prefab C is not medically necessary and appropriate.