

Case Number:	CM15-0056791		
Date Assigned:	04/16/2015	Date of Injury:	06/16/2010
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
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: 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 52 year old male, who sustained an industrial injury on June 16, 2010. The injured worker had reported back pain. The diagnoses have included lumbar spine disc disease, lumbar spine radiculopathy, bilateral sacroiliac joint sprain/strain and bilateral hip sprain/strain. Treatment to date has included medications, radiological studies, physical therapy, chiropractic treatments, a home exercise program and epidural injections. Current documentation dated February 18, 2015 notes that the injured worker reported low back pain which radiated to the bilateral lower extremities. Physical examination of the lumbar spine revealed tenderness to palpation over the paravertebral musculature and lumbar facet joints. Sacroiliac tests were noted to be positive on the right. A straight leg raise test and a Kemp's test were positive bilaterally. Range of motion was noted to be decreased. The injured worker also was noted to have bilateral hip pain. The treating physician's plan of care included a request for a lumbosacral orthotic brace.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Supports.

Decision rationale: According to ODG, lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). According to MTUS/ACOEM guidelines, lumbar support braces have not been shown to have lasting benefit beyond the acute phase of symptom relief. In this case, this patient has had chronic low back pain complaints, and a lumbar support brace is not warranted. Medical necessity for the requested lumbar support brace has not been supported or established. The requested item is not medically necessary.