

Case Number:	CM15-0082829		
Date Assigned:	05/05/2015	Date of Injury:	03/21/2013
Decision Date:	06/05/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 a work related injury March 21, 2013. According to a primary treating physician's progress report, dated March 30, 2015, the injured worker presented with complaints of low back pain with radiating numbness and tingling to the left lower extremity. A checklist reveals low back stiffness and muscle spasm. The pain is rated 4-5/10 with medication and 7-8/10 without medication. Current medications included Norco and Fexmid. Diagnoses are sprain lumbar region; thoracic or lumbosacral neuritis or radiculitis, unspecified; displacement of thoracic or lumbar intervertebral disc without myelopathy. A request for authorization was made for an LSO Brace (lumbosacral brace).

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 52 year old male has complained of low back pain since date of injury 3/21/13. He has been treated with physical therapy and medications. The current request is for an LSO brace. Per the MTUS guideline cited above, lumbar support brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. On the basis of the MTUS guidelines and the provided documentation, lumbar support brace is not indicated as medically necessary.