Case Number:	CM15-0237243		
Date Assigned:	12/14/2015	Date of Injury:	08/07/2014
Decision Date:	01/29/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/04/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 36 year old female who reported an industrial injury on 8-7-2014. His diagnoses, and or impressions, were noted to include: lumbar radiculitis; lumbar-lumbosacral disc bulge with nerve root impingement and neuro-foraminal stenosis; lumbosacral foraminal herniated nucleus pulposus; and lumbago. X-rays of the lumbosacral spine were taken at the 8-8-2014. His treatments were noted to include: lumbar epidural steroid injection - moderate relief; a home exercise program; medication management with toxicology studies (10-15-15); and modified work duties before a return to regular work duties on 8-5-2015. The progress notes of 8-4-2015 were hand written and difficult to decipher but were noted to report complaints which included: that she completed her therapy, more range-of-motion in her left foot, lumbar spine pain; and that she needed a refill of her medications. The objective findings and physician's request for treatment were both illegible. The Request for Authorization, dated 10-15-2015, was noted for LSO back support - purchase, and the Authorization Request Form from Orthomed, dated 10-28-2015, was noted for LSO back support - purchase. The Utilization Review of 11-5-2015 non-certified the request for an LSO back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOS Back Support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a janitor with date of injury in August 2014. An MRI of the lumbar spine is referenced as showing a left lateralized L5/S1 foraminal disc herniation. In August 2015 there had been a regression after completing physical therapy and additional therapy was requested. She was re-evaluated for additional physical therapy on 09/03/15. There had been completion of 13 prior therapy treatments. When seen by the requesting provider, complaints included pain throughout the thoracic and lumbar spine with radiating symptoms to both legs. She was having bilateral knee pain. Physical examination findings included abnormal thoracic and lumbar range of motion with paraspinal area tenderness. Straight leg raising was posited bilaterally. Medications were prescribed and a back brace was dispensed. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not considered medically necessary.