

Case Number:	CM14-0122420		
Date Assigned:	09/16/2014	Date of Injury:	07/28/2013
Decision Date:	10/20/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 20-year-old female was reportedly injured on 7/28/2013. Mechanism of injury was noted as a lifting injury. The most recent progress notes, dated 3/1/2014 and 6/2/2014, indicated that there were ongoing complaints of low back pain. Physical examination demonstrated low back pain, decreased lumbar range of motion, positive Kemp's test and positive Yeoman's test. Plain radiographs of the lumbar spine revealed loss of lordosis, limited range of motion, and narrowing at L5-S1 without fracture. MRI of the lumbar spine, dated 9/11/2013, demonstrated mild disk desiccation, facet degenerative changes, a 4 mm central disk protrusion and mild central canal narrowing at L4-L5 with no foraminal narrowing. Diagnoses were lumbar radiculitis, lumbar disk protrusion and spinal segmental dysfunction. Previous treatment included chiropractic manipulation, therapeutic exercises, ultrasound therapy, TENS unit and EMS. A request had been made for Durable Medical Equipment (DME) - Lumbar-Sacral Orthosis (LSO) Brace, which was not certified in the utilization review on 7/17/2014.

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 12 Low Back Complaints Page(s): 138-9, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: MTUS/ACOEM practice guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is not currently in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.