

Case Number:	CM14-0153988		
Date Assigned:	09/23/2014	Date of Injury:	04/08/2004
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 California. 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 injured worker is a 45-year-old male who reported an injury on 04/08/2004. The mechanism of injury was the injured worker was on a ladder, lifting a piece of lumbar, when the lumbar began to fall and the weight pulled the injured worker down. The injured worker underwent MRIs, epidural steroid injections, physical therapy, and surgical interventions. The documentation of 08/27/2014 revealed the injured worker had complaints of pain. The office note was handwritten and difficult to read. The injured worker was noted to move about gingerly with stiffness and protectively. The injured worker had an antalgic gait. The injured worker had difficulty rising from sitting. The injured worker was morbidly obese. The injured worker's treatments included physical therapy and acupuncture. The treatment plan included a lumbar spine orthosis. The diagnoses included lumbar spine sprain and strain with multiple disc protrusions. There was no rationale for the requested intervention. There was a Request for Authorization submitted for the lumbar spine orthosis dated 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Sacral Orthosis (Brace): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. Additionally, the continued use of back braces could lead to deconditioning of the spinal muscles. There was a lack of documented instability to support the necessity for an orthosis. The clinical documentation submitted for review failed to provide a rationale for the lumbosacral orthosis. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for 1 lumbosacral orthosis brace is not medically necessary.