

Case Number:	CM14-0157418		
Date Assigned:	09/30/2014	Date of Injury:	05/27/2004
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal Medicine 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 patient is a 43-year-old female with date of injury on 05/27/2004 due to a motor vehicle accident while on work property. She carries diagnosis of low back pain status post (s/p) lumbar fusion 2006, headaches, neck pain s/p cervical fusion, left shoulder pain, and also comorbid depression. She takes medications with Vicodin, Tylenol #3, Robaxin, Ibuprofen, and Maxalt. The current request is for LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO corset as an outpatient for the back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain, Lumbar support

Decision rationale: ODG states back bracing has evidence in the treatment of chronic low back pain. A number of small studies cited support this. Although the evidence is limited, it is noted that there are few, if any, side effects from bracing when used for treatment for periods of time,

for chronic low back pain. As such, the ODG guidelines state this patient would be an appropriate candidate for LSO bracing during acute flares of her low back pain therefore the LSO brace is medically necessary.