

Case Number:	CM14-0164839		
Date Assigned:	10/09/2014	Date of Injury:	08/06/2013
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 Emergency 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:

This injured worker has a reported date of injury of 8/6/2013. Mechanism of injury is described as cumulative trauma. Injured worker has a diagnosis of lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and left hip osteoarthritis. Medical reports reviewed. Last report available until 9/3/14. Injured worker complains of low back pain. Pain is 5-6/10. Pain radiates to hips left side worse than right side. Objective exam reveals antalgic gait, diffuse paraspinal tenderness, decreased range of motion of lumbar spine. Positive bilateral straight leg raise. L3-L4 dermatomes with decreased sensation. No justification for LSO brace except for "home use". MRI of lumbar spine (8/13/14) revealed L4-5 and L3-4 with 3mm disc protrusion with abutment of L4 nerve root. Mild canal narrowing. Multilevel facet arthropathy. Medications include Prilosec, Motrin and Hydrocodone. Injured worker has had reportedly 10-12 prior lumbar epidural steroid injections. Independent Medical Review is for LSO brace. Prior UR on 9/23/14 recommended denial of LSO brace. It approved bilateral L3-4, L4-5 transforaminal ESI and urine drug screen.

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.

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

Decision rationale: As per ACOEM Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief. Injured worker's pain is chronic. There is no rationale as to why a brace was requested for chronic back pain. LSO (Lumbar sacral orthosis) brace is not medically necessary.