

Case Number:	CM14-0171781		
Date Assigned:	10/24/2014	Date of Injury:	09/05/2011
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic and is licensed to practice in New York. 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 has chronic low back pain radiating to the leg. She also reports some weakness of the right leg and tingling. On physical exam is tenderness to the right sacroiliac joint and right paraspinal muscles. Straight leg raising is positive on the right at 90. The patient has been diagnosed with degenerative lumbar disc and lumbar stenosis. She takes Vicodin for pain. MRI lumbar spine from April 2012 shows 5 mm extruded herniated disc at L4-5. The patient had lumbar epidural steroid injection 2012. Surgery has been recommended. At issue is whether lumbar bracing is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Retrospective request for purchase of a LSO (lumbosacral orthosis) Sagittal-Coronal Panel Prefabricated lumbar brace (L0637) for the service date of 06/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (Web) 2014, Low Back, Back Brace, Post Operative (fusion)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back pain chapter

Decision rationale: ODG guidelines do not recommend lumbar brace for degenerative low back pain. Also lumbar bracing is not recommended after decompressive surgery per guidelines. There is no medical necessity in this case for lumbar bracing.