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| Case Number: | CM14-0117521 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 01/19/2012 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 (IW) is a 50-year-old female who sustained an industrial injury on 01/19/2012 due to a motor vehicle accident. Diagnoses include lumbago. Treatment to date has included medications, activity modification, acupuncture, medial branch nerve blocks and chiropractic treatment. According to the PR2 Acupuncture Visit dated 4/1/14 the IW reported low back pain rated 4/10. She stated the pain was bilateral, worse on the right, and radiated to the right hip and thigh. The IW had pain and difficulty with bending, walking, sitting and lying down. Acupuncture provided mild pain relief. A request was made for the purchase of an LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 07/03/2014) Lumbar supports.

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

Decision rationale: ODG states that lumbosacral orthoses are not indicated for prevention but are appropriate for spondylolisthesis or compression fractures. The patient is not diagnosed with either disorder. There is no explanation provided why an LSO is needed in this case. Furthermore, there is no information describing the type of LSO (rigid, semi-rigid, soft) and when it is supposed to be used. This request for an LSO does not adhere to ODG and is not medically necessary.