

Case Number:	CM15-0010859		
Date Assigned:	01/30/2015	Date of Injury:	07/02/2009
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old male who sustained an industrial injury on 07/02/2009. The current diagnoses include lumbar herniated nucleus propulsus, pain, radiculopathy, sprain, and sciatica. Treatments to date include medication management, physical therapy, yoga, lumbar brace, lifestyle modifications, epidural steroid injection, and lumbar decompression. Report dated 12/10/2014 noted that the injured worker presented with complaints that included low back and leg pain with pins and needles feeling in bilateral leg. Physical examination revealed abnormal findings. The utilization review performed on 01/14/2015 non-certified a prescription for Cybertech lumbar support brace (LSO) based on the clinical information submitted for review. The reviewer referenced ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cybertech Lumbar Support Orthotic Brace (LSO): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, lumbar supports

Decision rationale: The patient continues to suffer chronic low back pain and bilateral leg pain and paresthesias. The current request is for a Cybertech lumbar support brace. The attending physician indicates that to date, treatment has included medication, physical therapy, yoga, lifestyle modification, ESI, and lumbar decompression. According to the ODG, lumbar supports are recommended for the treatment of non-specific low back pain. In this case, the attending physician's request is supported by the medical guidelines and as such, the recommendation is for authorization.