

Case Number:	CM15-0114274		
Date Assigned:	06/22/2015	Date of Injury:	05/27/2010
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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

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

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 53-year-old male, with a reported date of injury of 05/27/2010. The diagnoses include lumbar disc bulges, lumbar stenosis, lumbar radiculopathy, sacroiliac joint pain, lumbar facet arthropathies, and rule out discogenic pain at L4-5. Treatments to date have included an MRI of the lumbar spine on 12/01/2010, electrodiagnostic studies of the lower extremities on 11/30/2010, multiple lumbar injections, and oral medications. The medical report dated 05/12/2015 indicates that the injured worker had severe low back pain and bilateral leg pain. The pain was rated 8 out of 10. The physical examination showed grossly normal lumbar spine alignment and curvature, tenderness of the bilateral L4-5 and L5-S1 facet joint, tenderness of the left sacroiliac joint, partially diminished range of motion, reduced lumbar range of motion with pain, negative straight leg raise test, decreased deep tendon reflexes at the bilateral patellar and Achilles tendons, and normal muscle strength throughout the bilateral lower extremities. The treating physician requested one LSO brace with lateral brace extension. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LSO brace with lateral brace extension: 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 (ODG).

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

Decision rationale: Regarding the request for LSO, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested LSO is not medically necessary.