

Case Number:	CM15-0118178		
Date Assigned:	06/26/2015	Date of Injury:	03/17/2010
Decision Date:	07/27/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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

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 42 year old male who sustained an industrial injury on 03/17/2010. Mechanism of injury was a slip and fall injuring his left hip, lower back, left upper extremity, and left lower extremity. Diagnoses include status post microdiscectomy at L4-S1, with additional fusion on 01/04/2012, lumbosacral sprain/strain, left sacroiliac joint sprain, with S1 lumbar radiculopathy per Electromyography, and lumbar disc protrusion with central canal stenosis. Treatment to date has included diagnostic studies, lumbar surgery on 03/16/2011 and 01/14/2012, medications, and physical therapy. On 03/18/2015 a Magnetic Resonance Imaging of the lumbar spine was done and showed post-surgical changes with posterior fixation of L4, L5, and S1 with transpedicular screws; L3-L4 there is a 4mm broad midline disc protrusion resulting in abutment of the descending L4 nerve roots bilaterally with moderate degree of central canal narrowing; and multilevel facet arthropathy. A physician progress note dated 05/06/2015 documents the injured worker continues to complain of residual low back pain. The pain is described as moderate and frequent and it is dull, sharp, cramping, and burning with numbness, weakness an ache and soreness. On examination the lumbar spine reveals tenderness to palpation with muscle guarding and spasm over the paravertebral musculature. Straight leg raising is positive on the left eliciting radicular symptoms to the bilateral lower extremities along L5 and S1. There is decreased range of motion. He rates his pain with medications 5 out of 10 and without medications 9 out of 10. His duration of relief is 8 hours and he is able to perform activities of daily living and work. The treatment plan includes Norco and acupuncture 6 sessions, and continuation of home exercise. Treatment requested is for LSO Brace.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Low Back - Supports.

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

Decision rationale: CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this chronic injury of 2010 with last lumbar surgery in January 2012. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The LSO Brace is not medically necessary and appropriate.