MAXIMUS Federal Services

Case Number:	CM15-0122434		
Date Assigned:	07/06/2015	Date of Injury:	06/26/2000
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/25/2015

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 57-year-old male, who sustained an industrial injury on 6/26/00. The injured worker was diagnosed as having lumbago, thoracic/lumbosacral neuritis/radiculitis, displacement of lumbar intervertebral disc without myelopathy, neuralgia, neuritis, radiculitis, and peripheral neuropathy. Treatment to date has included epidural steroid injections, physical therapy, heat/ice application, and medication including Lyrica, Norco, and Zanaflex. Physical examination findings on 6/1/15 included pain over the lumbar intervertebral spaces on palpation. Pain was noted with lumbar extension, flexion, left lateral flexion and right lateral flexion. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities. The treating physician requested authorization for a lumbar orthosis minimal self-adjusting brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar orthosis needing minimal self adjusting brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back, Chapter 12, page 301. Decision based on Non-MTUS Citation ODG, Low Back, Back brace, page 372.

Decision rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. 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 2000. 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 Lumbar orthosis needing minimal self-adjusting brace is not medically necessary and appropriate.