

Case Number:	CM15-0122720		
Date Assigned:	07/07/2015	Date of Injury:	09/18/2013
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, 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 is a 41 year old male, who sustained an industrial injury on 9/18/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine myofasciitis with radiculitis and to cervical disc spine injury. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/14/2015, the injured worker complains of low back pain rated 7-8/10 and neck pain rated 8-9/10. Physical examination showed decreased lumbar range of motion and a slow guarded gait. The treating physician is requesting custom lumbosacral orthotic brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom LSO brace Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12 of ACOEM, page 298.

Decision rationale: This claimant was injured in 2013. The diagnoses were cervical spine myofascitis with radiculitis and a cervical disc spine injury. As of May 2015, there was still low back and neck pain. There was decreased lumbar range of motion and a slow guarded gait. There are no recent diagnostic studies demonstrating spinal instability. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This case is well past the acute phase. Moreover, there is no evidence either of spinal instability, which might be one indication for a lumbar sacral orthotic [LSO]. There is no evidence of objective benefit to the use of such braces in this case's clinical circumstances, and so the request was not medically necessary.