

Case Number:	CM15-0126693		
Date Assigned:	07/13/2015	Date of Injury:	05/19/2010
Decision Date:	08/26/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 (IW) is a 37-year-old male who sustained an industrial injury 5-19-10. Diagnoses include lumbar discogenic disease with radiculitis; chronic low back pain; and thoracolumbar spine sprain, strain. Treatment to date has included medications, lumbar support, heat and cold application, pool therapy and physical therapy. He received an epidural steroid injection that caused a severe allergic reaction, resulting in hospitalization. Pool therapy was very helpful. According to the progress notes dated 2-20-15, the IW reported pain across the low back and into the bilateral lower extremities, including the right foot. The leg pain was worse on the right and he complained of intermittent right foot numbness and tingling. His medications helped with pain and functioning for activities of daily living. He rated his pain 9-10 out of 10 without medications and 5-6 out of 10 with them. On examination he walked with a cane. Range of motion was decreased on flexion, extension and side bending with pain. Straight leg raise was positive on the left; it was limited on the right by strain. Spasms and trigger points were present in the lumbar paravertebrals bilaterally. A request was made for LSO brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace for purchase: 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, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version): Back Braces/ Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Lumbar Support.

Decision rationale: MTUS Guidelines do not recommend use of a lumbar brace for persistent low back pain. ODG Guidelines provide additional details that supports at least a trial of bracing for specific conditions such as an instability, a fracture, or post operative. This individual does not meet these criteria. The guidelines mention possible exceptions, but there appears to be significant contraindications to support an exception. This individual is documented to morbidly obese with shortness of breath during minimal exertion which is thought to be possibly due to CHF. Use of a rigid brace would further limit breathing and may affect cardiac output. The LSO brace for purchase is not supported by Guidelines and there are no medical reasons to consider an exception to Guidelines as a reasonable option. The LSO brace for purchase is not medically necessary.