

Case Number:	CM15-0126787		
Date Assigned:	07/14/2015	Date of Injury:	08/27/2013
Decision Date:	08/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 46 year old male who reported an industrial injury on 8/27/2013. His diagnoses, and or impression, were noted to include: lumbar spine spinal stenosis with disc protrusion, advanced degenerative disc disease, radiculitis, and bilateral lumbar facet arthropathy. Recent magnetic imaging studies of the lumbar spine were done on 2/27/2015; electro diagnostic studies were done on 8/28/2014. His treatments were noted to include a qualified medical re-evaluation on 6/12/2014; lumbar epidural steroid injection therapy; neurology consultation on 4/29/2015; surgery; medication management; and rest from work. The progress notes of 4/29/2015 reported complaints which included axial lumbosacral back pain; severe left-sided buttock, posterior thigh, calf and shin pain; and less frequent and milder right-sided buttock and posterior thigh pain. Objective findings were not noted to include full strength throughout the lower extremities. The physician's requests for treatments were noted to include an Aspen "LSO" brace for indefinite use, post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen LSO Brace (Indefinite Use): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.worklossdata.com.

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

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Aspen LSO Brace is not medically necessary.