

Case Number:	CM15-0171119		
Date Assigned:	09/11/2015	Date of Injury:	06/24/2011
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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 45-year-old female who sustained an industrial injury on 6-24-11. The diagnosis is bursitis-left hip. An MRI- of the lumbar spine done 10-2-14, notes the clinical information as lumbar radiculitis; she has had back problems for 3 years following a fall and has had left leg pain and bilateral hip pain. The impression is mild degrees of central canal compromise due to bilateral facet arthropathy at multiple levels, cystic lesion in the right side of the pelvis just posterior to the uterus, likely benign and ovarian in nature, but ultrasound exam would confirm. Electrodiagnostic studies were done 10-13-14. Previous treatment includes acupuncture, medications, chiropractic care, and home exercises. In a progress report dated 8-3-15, the treating physician notes subjective complaints of lower and upper back and left leg pain and stiffness. Straight leg raise is positive. Her gait is antalgic to the left. There is tenderness of the cervical and lumbar spine. The injured worker is noted to be permanent, stationary, and working without restrictions. The request is for a custom (LSO) lumbar-sacral orthosis brace for daily use. The requested treatment of a custom LSO (lumbar-sacral orthosis) brace was denied on 8-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain chapter under Lumbar Supports.

Decision rationale: The 45-year-old patient complains of stiffness and pain in neck, upper back, lower back, left hip and left back leg, as per progress report dated 08/03/15. The request is for CUSTOM LSO BRACE. The RFA for this case is dated 08/10/15, and the patient's date of injury is 06/24/11. The patient has been diagnosed with left hip bursitis, as per progress report dated 08/03/15. Physical examination revealed tenderness to palpation in cervical and lumbar spine along with positive straight leg raise in the left and antalgic gait to the left. The patient is taking Motrin for pain relief, as per progress report dated 04/27/15. MRI of the lumbar spine, dated 10/02/14, revealed mild central canal compromise and bilateral facet arthropathy at multiple levels, and cystic lesion on the right side of the pelvis. The patient is working without restrictions, as per progress report dated 08/03/15. ODG Guidelines, Low Back Pain chapter under Lumbar Supports state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." In this case, a request for LSO brace is noted in progress report dated 08/03/15. The treater states that it is for "daily use." The reports, however, do not document spinal instability, spondylolisthesis or compression fractures. There is no radiographic evidence of instability either. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. Hence, the request IS NOT medically necessary.