

Case Number:	CM15-0060993		
Date Assigned:	04/07/2015	Date of Injury:	11/29/1999
Decision Date:	05/07/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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: Emergency 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 47-year-old female, who sustained an industrial injury on 11/29/1999. Diagnoses have included lumbar pseudoarthrosis. Treatment to date has included computed tomography scan and surgery. According to the progress report dated 2/6/2015, the injured worker complained of persistent, severe lower back pain radiating around her hips. She had a previous anterior arthrodesis at L4-5 and L5-S1 with placement of the circular cages. Physical exam showed tenderness at the lumbosacral junction. There was a positive straight leg raise on the right. The treatment plan was for revision of lumbar fusion surgery. Authorization was requested for a Lumbar-Sacral Orthosis (LSO) post-operative.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar LSO brace post-operative as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per ACOEM Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief or post-operative support. Review of records show no approval of lumbar surgery and Utilization Review states that surgery was denied. LSO (Lumbar sacral orthosis) brace is not medically necessary without approved surgery.