

Case Number:	CM15-0064326		
Date Assigned:	04/10/2015	Date of Injury:	03/16/2003
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49-year-old male, with a reported date of injury of 03/16/2003. The diagnoses include lumbar degenerative disc disease, lumbar post laminectomy syndrome, chronic lumbar radiculopathy, and chronic myofascial dysfunction. Treatments to date have included a transcutaneous electrical nerve stimulation (TENS) unit, oral medications, selective nerve root block, home exercise program, and acupuncture. The progress report dated 02/17/2015 was handwritten and somewhat illegible. The report indicates that the injured worker had low back pain and left leg pain. He had burning and weakness of the left leg, and numbness in both feet. The injured worker stated that his left leg gave out. The objective findings include positive straight leg raise test, and spasm of the lumbar spine. The treating physician requested LSO back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar, Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Lumbar Support.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, LSO back brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are lumbar post laminectomy syndrome; chronic lumbar radiculopathy; and chronic myofascial dysfunction. The utilization review physician initiated a peer-to-peer conference with the treating provider. The utilization physician spoke with the physician assistant (PA). The PA indicated the provider was awaiting lumbar blocks and wanted to use LSO back brace in the interim. The utilization physician explained the guidelines do not provide an LSO back brace for this purpose. The guidelines do not recommend LSO back brace. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. The treatment plan does not contain a discussion or entry regarding an LSO back brace in the March 17, 2015 progress note. Consequently, absent clinical documentation with a clinical indication/rationale and a discussion in the treatment plan for an LSO back brace, LSO back brace is not medically necessary.