

Case Number:	CM15-0069212		
Date Assigned:	04/16/2015	Date of Injury:	01/20/2009
Decision Date:	05/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 1/20/2009. She reported repetitive type injury involving bilateral wrists, feet, neck and back. Diagnoses include lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, tarsal tunnel entrapment of left ankle and bilateral carpal tunnel syndrome. She is status post right carpal tunnel release in 1980. Treatments to date include medication therapy, physical therapy, acupuncture treatments, and home exercise. Currently, she had multiple complaints of persistent pain in the cervical, thoracic, and lumbar spines, bilateral shoulders, wrists, and hands and bilateral ankles and feet. On 2/19/15, the physical examination documented tenderness, muscle spasms, and significant findings throughout the painful areas. Physical examination of the lumbar spine revealed positive Kemp and SLR test, tenderness on palpation, absent reflexes and decreased sensation in LE. The plan of care included a Lumbosacral Orthosis (LSO) Orthotic brace. The patient has had MRI of the lumbar spine on 9/23/2013 that revealed degenerative changes and facet hypertrophy and EMG study revealed bilateral tarsal tunnel syndrome. The medication list include Norco, Motrin and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

APOLLO LSO OR EQUIVALENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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 (updated 04/29/15) Lumbar supports.

Decision rationale: Request: APOLLO LSO OR EQUIVALENT. Per the ACOEM guidelines cited below there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. In addition per the ODG cited below regarding lumbar supports/brace, Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain Treatment: 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; see Back brace, post operative (fusion). Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided. The medical necessity, of APOLLO LSO OR EQUIVALENT is not medically necessary.