

Case Number:	CM15-0078161		
Date Assigned:	04/29/2015	Date of Injury:	12/09/2014
Decision Date:	07/03/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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 (IW) is a 43 year old male who sustained an industrial injury on 12/09/2014. He reported lumbosacral and right radicular pain. His pain at rest is 4/10 and pain with activity is 5/10. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included medications, and physical therapy. Currently, the injured worker complains of severe pain in the lower back radiating into the right leg associated with weakness and numbness of the right leg. The pain is rated an 8/10, increases with activity, and is partially reduced by medications. On exam, there is sensory loss to light touch, pinprick, and two-point discrimination in the right foot, there is no right ankle jerk, the worker's gait is slow and he limps with the right leg. The straight leg raising test is positive at 30 degrees with severe muscle spasm in the lumbosacral musculature. Extension and right lateral rotation will increase the worker's back pain that radiates into the right leg. A MRI of 01/15/2015 demonstrated a disc herniation at L5-S1 that causes severe stenosis and pressure of the right nerve root. A right L5- S1 microdiscectomy and foraminotomy is planned, and a LSO Brace unit is requested for post-operative support.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, Lumbar Supports.

Decision rationale: The 43 year old patient complains of back pain, rated at 8-9/10, radiating to the right leg to produce numbness and weakness, as per progress report dated 03/12/15. The request is for LSO BRACE. There is no RFA for this case, and the patient's date of injury is 12/09/14. The patient has been authorized for right L5-S1 decompression on 03/18/15, as per progress report dated 03/12/15. Diagnosis, as per progress report dated 02/12/15, included lumbar radiculopathy secondary to disc herniation at L5-S1 level. The patient is temporarily totally disabled, as per progress report dated 01/16/15. ODG Guidelines, chapter "Low Back Pain" and Title "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, none of the progress reports discusses the request. The patient is scheduled for right L5-S1 decompression on 03/18/15. The request is possibly because of this procedure. ODG guidelines, however, state that back braces are still "under study for post-operative use." It is under study following fusion surgery but after decompression, there is no support for bracing. Hence, the request IS NOT medically necessary.