

Case Number:	CM14-0219153		
Date Assigned:	01/09/2015	Date of Injury:	12/06/2008
Decision Date:	10/30/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 36 year old male, who sustained an industrial injury on 12-06-2008. He has reported subsequent back and bilateral lower extremity pain and was diagnosed with mechanical back syndrome and post-laminectomy syndrome of the lumbar spine. MRI of the lumbar spine on 05-04-2009 showed mild facet hypertrophy, left greater than right, suggestion of broad-based disc bulges laterally with contact to the lateral aspect of the exiting L3 nerves, mild facet hypertrophy from L5-S1, epidural fat that partly compressed the thecal sac and far right lateral disc material contacting the lateral aspect of the right exiting L5 nerve. Treatment to date has included pain medication, physical therapy, epidural steroid injection, acupuncture and surgery, which were noted to have failed to significantly relieve the pain. In a progress note dated 10-22-2014, the injured worker reported mid and low back pain radiating to the bilateral lower extremities as well as numbness and tingling of the legs. Pain was rated as 6 out of 10 with pain medication and 10 out of 10 without medication. Objective examination findings showed positive bilateral straight leg raise with pain in the L3 distribution and moderate to severe pain with lumbar extension. Work status on an agreed medical evaluation in 2012 was documented as modified. The most recent progress notes document work status as "per permanent and stationary report." The physician noted that he was requesting an LSO brace to improve pain and function and to stabilize the spine. A request for authorization of LSO brace was submitted. As per the 12-01-2014 utilization review, the request for LSO brace was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Home health services.

Decision rationale: The medical records do not indicate spinal fusion or other surgery with details regarding potential of spine instability. MTUS does not support lumbar supports in absence of demonstrated spine instability. The imaging notes degenerative disc disease but no evidence of compression fracture, misalignment, spondylolysis, or other spinal instability condition. As such the medical records provided for review do not support medical necessity of lumbar support LSO brace, therefore is not medically necessary.