

Case Number:	CM13-0008439		
Date Assigned:	06/16/2014	Date of Injury:	10/01/2012
Decision Date:	08/04/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with lumbosacral back condition. The date of injury was 10-01-2012. The progress report dated 06-11-2013 documented diagnosis: lumbar degenerative disc disease, lumbar spondylosis, sacroiliac joint dysfunction. Physical examination documented normal gait. Lumbosacral spine examination demonstrated lumbar flexion 90 degrees, no tenderness, and no spasm. MRI of lumbar spine dated 05-01-2013 reported degenerative bone and disk changes, with 1-2 mm and 2 mm annular disk bulges at multiple levels, with no nerve root encroachment. Utilization review dated 07-02-2013 recommended non-certification of the request for lumbar-sacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar - sacral orthosis, sagittal control, with rigid anterior and panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs: 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 based on Non-MTUS Citation Low back disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common

health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 12 Low Back Complaints (Page 301) states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) states that lumbar supports are not recommended for the treatment of acute, subacute, chronic low back disorders. Lumbar supports are not recommended for prevention of low back disorders. The patient has diagnoses: lumbar degenerative disc disease, lumbar spondylosis, sacroiliac joint dysfunction. MRI of lumbar spine 05-01-2013 reported degenerative bone and disk changes, with 1-2 mm and 2 mm annular disk bulges at multiple levels, with no nerve root encroachment. MTUS and ACOEM guidelines do not support the medical necessity of lumbar-sacral orthosis. Therefore, the request for lumbar - sacral orthosis, sagittal control, with rigid anterior and panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs is not medically necessary.