

Case Number:	CM13-0016095		
Date Assigned:	03/12/2014	Date of Injury:	02/19/2003
Decision Date:	04/14/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 66 year old woman with a date of injury of 2/19/13. At issue in this review is a lumbosacral support. She was seen by her primary treating physician on 7/23/13 after an MRI of her cervical spine with no change in condition. Her physical exam showed tenderness to palpation in the cervical, thoracic and lumbar spine paravertebral muscles. She had pain with range of motion of her spine and limited range of motion. She had negative impingement signs in her shoulders. She had tenderness to palpation of her wrists and positive Phalen's and median nerve compression signs bilaterally. She was ambulatory with crutches. She had 'patchy decreased sensation and weakness in her upper and lower extremities. She had numerous diagnoses including cervical, thoracic and lumbar spine strain, lumbar radicular syndrome and multi-level degenerative disc disease of the lumbar spine. Her treatment plan included a lumbar spine support to provide symptomatic relief and allow her to increase her function and be more ambulatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR- SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301.

Decision rationale: This injured worker has complaints of neck and low-mid back and extremity pain. Per the MTUS, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in his treatment with the injury occurring in 2004. The records do not substantiate the medical necessity for a lumbosacral support.