

Case Number:	CM13-0017081		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2010
Decision Date:	03/12/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 a male of an unstated age who reported an injury on 06/22/2010. The mechanism of injury was not provided for review. The patient developed chronic low back pain that was conservatively treated with medications. The patient was able to return to full duty; however, consistently complained of constant low back pain radiating into the right lower extremity. The patient's most recent clinical examination findings included limited lumbar range of motion secondary to pain with a negative straight leg raising test bilaterally and a negative femoral stretch test. The patient's treatment plan included continuation of medications and the use of a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective lumbar orthosis sagittal control with rigid anterior and posterior panels posterior extends L1 below L5 vertebrae: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic low back pain. The American College of Occupational and Environmental Medicine does not recommend the use of lumbar supports beyond the acute phase of an injury. As the clinical documentation supports that the patient has clearly gone beyond the acute phase of the injury, a lumbar support would not be indicated. Additionally, there is no documentation that the patient is being treated for an acute exacerbation of chronic pain as the patient's pain is consistently described as constant. As such, the requested retrospective lumbar orthosis sagittal control with rigid anterior and posterior panels posterior extends L1 below L5 vertebrae is not medically necessary or appropriate.