

Case Number:	CM13-0017750		
Date Assigned:	10/11/2013	Date of Injury:	12/03/2009
Decision Date:	02/04/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/28/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back reportedly with an industrial injury of December 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, knee Synvisc injections; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 9, 2013, the claims administrator denied a request for a sacral support. No guidelines were cited. The claims administrator stated that the MTUS and ACOEM do not address the topic. A handwritten July 16, 2013, progress note is difficult to follow, notable for comments that the applicant reports persistent low back pain and knee pain. Limited range of motion is noted on exam. The applicant is walking with a limp. The applicant is asked to pursue Hyalgan injections, consult a psychiatrist, continue home physical therapy, and remain off of work, on total temporary disability. A sacral support was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a sacral support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods 301.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief. In this case, the applicant is several years' removed from the date of injury. It is unclear what role lumbar or sacral supports would serve in this context. Therefore, the request is not certified.