

Case Number:	CM13-0023813		
Date Assigned:	11/15/2013	Date of Injury:	01/09/2013
Decision Date:	01/03/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/12/2013

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 has a subspecialty in Interventional Spine 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.

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 IMR application shows the injury date as 1/8/13 and the employee is disputing the 8/2/13 UR decision for a lumbar support orthosis. The 7/24/13 initial orthopedic report from [REDACTED], states the patient was carrying dressing bags weighing 20 lbs on 1/7/13 and developed sharp pain down the left leg above the knee, a week later he had back pain radiating down the left leg to the toes. He had 1-2 ESI and acupuncture. sensory testing showed decreased sensation in the left L5 and S1 dermatomes, SLR was positive on the left. He still complains of constant, moderate-to-severe pain in the lumbar spine, with radiation down the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbar support orthosis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The California MTUS Guidelines state that lumbar supports are recommended for treatment but do not provide much benefit beyond the acute phase. The employee was injured in January 2013, and the request for the support is from the initial orthopedic evaluation on 7/24/13. The orthopedist has recommended the lumbar support for treatment rather than for prevention. The request appears to be in accordance with

MTUS/ACOEM guidelines, although the benefits may be temporary in this phase. The request for the purchase of a lumbar support orthosis is medically necessary and appropriate.