

Case Number:	CM13-0026571		
Date Assigned:	11/22/2013	Date of Injury:	11/24/2010
Decision Date:	02/06/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice and is licensed to practice in Texas. 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 27 year old female who reported an injury on 11/24/2010. The mechanism of injury was a fall. The patient reported pain to the low back with severe muscle spasms and limited range of motion in the lumbar spine. The patient was diagnosed with lumbar sprain/strain, lumbago, multiple lumbar disc herniations, lumbar radiculitis/radiculopathy of the bilateral extremities, lumbar paraspinal muscle spasm and sacroilitis of bilateral sacroiliac joint confirmed by an MRI on 03/21/2011. The patient rated her pain at 8/10 most of the time. The treatment plan was bilateral transforaminal lumbar steroid injection at L5-S1, bilateral sacroiliac joint injection with fluoroscopic guidance, and medication. The patient had a right sacroiliac joint injection on 08/14/2013 and a left sacroiliac joint injection on 09/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Support (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,300.

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

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The clinical documentation submitted for review states the patient reported pain to the low back with severe muscle spasms and limited range of motion in the lumbar spine due to a fall. The patient was diagnosed with lumbar sprain/strain, lumbago, multiple lumbar disc herniations, lumbar radiculitis/radiculopathy of the bilateral extremities, lumbar paraspinal muscle spasm and sacroilitis of bilateral sacroiliac joint and received sacroiliac joint injections. CA MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Although, the patient continues to complain of pain, the guidelines do not recommend lumbar support devices.