

Case Number:	CM13-0029782		
Date Assigned:	11/01/2013	Date of Injury:	07/07/2006
Decision Date:	06/19/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio, and Pennsylvania. 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 underlying date of injury in this case is 07/07/2006. An initial physician review of 08/26/2013 recommended a conditional non-certification of a requested lumbosacral orthosis given the lack of clinical information provided. A primary treating physician's initial evaluation report of 07/19/2013 described the patient's complaints of low back pain with intermittent left leg radiating symptoms as well as insomnia, depression, headaches, abdominal pain, urinary frequency, and left wrist pain. That report outlines in detail clinical impressions of status post a left hand crush injury, L5-S1 disc protrusion with disc herniation and annular tear, chronic cervical musculoligamentous sprain, chronic pain syndrome, and post-traumatic stress disorder. That note recommends a palliative L5-S1 lumbar epidural injection as well as renewal of Vicodin. A followup note of 09/27/2013 notes that the patient was essentially unchanged and that on exam he had diffuse cervical tenderness with decreased range of motion and also midline lumbar spine tenderness with decreased range of motion including extension 10 degrees and lateral bending 20 degrees. The treating provider noted that an epidural injection was denied. He recommended continued treatment with Vicodin and also aquatic therapy and recommended continued use of a lumbar support brace, noting that this had been beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 LUMBAR-SACRAL ORTHOSIS, SAGITAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAMES/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION

TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAMES/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON IN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: An initial physician review noted that there had been insufficient clinical information available at this time. The medical records at this time outline ongoing treatment with a lumbar brace for an L5-S1 disc protrusion with disc herniation and annular tear and associated chronic pain syndrome. With regard to this treatment request, ACOEM Guidelines, Chapter 12 Low Back, page 301, states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The medical records do not provide a peer-reviewed basis or other guidelines to support the necessity of the requested treatment. The medical records and guidelines do not support this request. This request is not medically necessary.