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| Case Number: | CM13-0042890 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/04/2012 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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 Orthopedic Surgery 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 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 claimant is a 38-year-old female who was injured in a work related accident on June 4, 2012. The medical records provided for review documented low back pain. The clinical assessment on September 9, 2013 by [REDACTED] noted continued complaints of discomfort and that the claimant was being treated with multiple medication regimens. Physical examination showed limited lumbar range of motion with tenderness over the paraspinous musculature. Notation was made of a prior MRI but the report was not provided for review. The claimant's working diagnosis was listed as a "lumbar disc injury". Conservative care for the lumbar spine was not well documented. The request is for a lumbar brace with extensions from the sacral coccygeal junction to the T9 vertebrae.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANEL WITH POSTERIOR EXTENDING FROM SACROCOCCYGEAL JUNCTION TO THE T9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS (DOS 9/9/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298, 301.

Decision rationale: The ACOEM Guidelines do not support lumbar bracing. The medical records reviewed which document the claimant's clinical picture and diagnosis do not indicate a need for lumbar bracing. The role of the custom contoured brace at this stage in the claimant's chronic course of care would not be indicated; therefore, the request for a lumbar brace with extensions from the sacral coccygeal junction to the T9 vertebrae is not medically necessary.