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| Case Number: | CM13-0054050 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/28/1993 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Orthopedic Surgery, has a subspecialty in Spine 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 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:

This case involves a 60-year-old claimant with an industrial injury on 06/28/93. The claimant is status post multiple spinal surgical procedures times four (4) of the lumbar spine. An exam note from 04/19/13 demonstrates terrible low back pain with radiation down the left buttock. The exam note indicates moderate to severe cervical/thoracic/lumbar paraspinal spasm. The exam note from 10/22/13 demonstrates ongoing pain in neck, thoracic, and lumbar spine. An examination demonstrates pain with cervical extension and rotation, positive Spurling's test bilaterally, and positive straight leg raise bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junctions to T-9 vertebra, produces intracavitary pressure to reduce load on TH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS/ACOEM Guidelines indicate, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The medical records provided for review indicates that the claimant has had chronic low back pain many years after an industrial injury. The request does not meet guideline recommendation. The determination is for non certification.