

Case Number:	CM13-0055461		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2013
Decision Date:	04/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 65-year-old gentleman who experienced an acute onset of low back pain after a work related slip and fall on July 26, 2013. The clinical records provided for review included an October 21, 2013 assessment documenting moderate to severe pain in the thoracic spine with lifting. The claimant's examination was documented to show thoracic spasm with tenderness, restricted lumbar range of motion, hamstring tightness with positive straight leg raising. Lower extremity dermatomes were equal in motor tone and muscle strength. The working diagnoses were lumbar spine strain with radiculopathy. Formal documentation of imaging reports was not provided. Recommendation was made for purchase of a lumbosacral orthosis with sagittal control for the claimant's ongoing complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR-SACROL ORTHOSIS: 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: Based on California MTUS ACOEM 2004 Guidelines, the request for lumbar support cannot be recommended as medically necessary. ACOEM Guidelines do not support the use of lumbar bracing. The clinical records do not indicate a current working diagnosis for which a lumbar brace would be indicated. The claimant's diagnosis of radiculopathy and herniated disc in and of itself would not support the role of lumbar immobilization. The role of the acute need of bracing at this stage in the claimant's clinical course of care is not supported.