

Case Number:	CM13-0056654		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2009
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/22/2013

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 & Rehabilitation and is licensed to practice in Florida. 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 patient is a 49-year-old male who reported an injury on 04/08/2009. The injury reportedly occurred while the patient was pulling a power jack. The patient is currently diagnosed with complex regional pain syndrome, chronic pain syndrome, lumbar disc degeneration, and lumbago. The patient was seen on 09/05/2013 and reported persistent pain in the lower back and lower extremities. Physical examination revealed limited lumbar range of motion, weakness, and hypersensitivity in bilateral lower extremities. Treatment recommendations included continuation of current medication, a random urine toxicology screen, a lumbosacral orthosis, physical therapy, and an injection/procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BRACING LUMBAR-SACRAL ORTHOSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004), page 300

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient's injury was greater than 4 years ago to date, and he is no longer within the acute phase of treatment. Therefore, a lumbar support cannot be determined as medically appropriate. Additionally, the patient's physical examination indicated no instability and intact coordination. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.