

Case Number:	CM13-0064356		
Date Assigned:	01/03/2014	Date of Injury:	03/29/2008
Decision Date:	04/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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, is fellowship trained 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 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 53-year-old male who reported an injury on 03/29/2008. The mechanism of injury was not submitted. The patient was diagnosed with lumbar postlaminectomy syndrome; status post L4-5 and L5-S1 interbody fusion, 1993; status post L3-4 posterior lumbar interbody fusion, 08/2010; bilateral lower extremity radiculopathy, left greater than right; cervical degenerative disc disease with bilateral upper extremity radiculopathy; bilateral ulnar nerve entrapment; urologic dysfunction; left shoulder sprain/strain, and medication induced gastritis. The patient continued to complain of back pain. The patient also reported radiating pain down the bilateral lower extremities at a 9/10. The patient reported the pain does limit mobility and activity tolerance. The lumbar spine revealed tenderness to palpation with well healed scars in the lumbar musculature, mostly on the left. The patient had a mildly antalgic gait. There was decreased sensation at L5 or S1 distribution bilaterally. The patient had been treated with physical therapy, injections, medication, and surgeries. The patient was recommended a lumbar sacral orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE FOR A LUMBAR SACRAL ORTHOSIS: 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): 300.

Decision rationale: CA MTUS Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient complained of low back pain; however, the guidelines do not recommend lumbar supports beyond the acute phase. Given the lack of documentation to support guideline criteria, the request is non-certified.