

<b>Case Number:</b>	CM14-0002078		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	01/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Texas. 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 injured worker is a 38-year-old female with a reported date of injury of 05/26/2012. The mechanism of injury is not documented in the records received for clinical review. The clinical documentation dated 07/01/2013 states the injured worker had a history of L4-L5 and L5-S1 decompression with reports improved tolerance to standing and walking and improve range of motion. The injured worker continued to complain of weakness of the leg and 6/10 cervical pain with right upper extremity symptoms. The injured worker states that medication does adequately decrease pain. The injured worker's clinical findings included tenderness to the lumbar spine. Lumbar range of motion was Flexion 60%, extension 50%, left and right lateral tilt 40%, and left rotation 40%. Lower extremity neurologic evaluation demonstrates right quadriceps 4-/5, right tibialis anterior 4/5, right inversion 4+/5, and right extensor hallucis longus (EHL) 4/5. Diminished sensation right S1 greater than L4 and L5 dermatomal distributions. Spasm to the lumbar paraspinal musculature less pronounced. The injured worker was status post right L4-L5 and L5-S1 decompression on 04/01/2013. The injured worker had physical therapy facilitates improved tolerance to standing and walking as well as improved range of motion. The medication provide consistent with panel Qualified medical evaluator (QME) 12/30/2012. The injured worker's medications are Hydrocodone, Naproxen, Pantoprazole, Tramadol, and Cyclobenzaprine. The request for authorization was not found in clinical documentation reviewed. &ccedil;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR SAG-CORO RIGID FRAME PRE DOS 11/18/13:**  
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): 301.

**Decision rationale:** The injured worker has a history of L4-5 and L5-S1 decompression in April 2013. The injured worker reports improved tolerance to standing and walking and improve range of motion. The injured worker continues to complain of weakness of the leg and 6/10 cervical pain with right upper extremity symptoms. The California MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documentation does not show evidence to prove the benefits or why there is a need for the lumbar support. The injured worker had physical therapy lumbar spine postoperative 12 sessions facilitates improved tolerance to stand and walking and improved range of motion. The injured worker is beyond the acute phase at this time. Therefore, the request for LSO SAG-CORO rigid frame pre, DOS 11/18/13, is non-certified.