

<b>Case Number:</b>	CM14-0009780		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 injured worker is a 54 year old female who reported an injury to her neck and upper back and right shoulder and low back. A clinical note dated 07/17/13 indicated the initial injury occurred on 05/05/11. The injured worker reported occasional low back pain radiating into the right lower extremity all the way to the plantar surface of the foot. The injured worker demonstrated reduction in range of motion throughout the lumbar spine. Tenderness to palpation was identified. The injured worker was very active including hiking, physical activities, and continual work-outs in a gym setting. There was a recommendation for a home exercise program in order to maintain and increase range of motion throughout the spine. A clinical note dated 08/21/13 indicated the injured worker continuing with low back pain. Range of motion limitations continued throughout the lumbar spine. A clinical note dated 08/06/13 indicated the injured worker stating the initial injury occurred on 05/05/11 when she had a slip and fall while carrying a bucket of water. The injured worker also sustained a pneumothorax (punctured lung) on the right. The injured worker underwent thoracentesis followed by a four day in-patient stay. The injured worker had a recent twenty pound weight gain secondary to difficulty with exercising. The injured worker also complained of dyspnea on exertion. A clinical note dated 10/09/13 indicated the injured worker being recommended for CT scan. The injured worker continued with constant low back pain radiating into the right lower extremity which was exacerbated by activities involving heavy lifting, bending, or twisting. A clinical note dated 12/30/13 indicated the injured worker demonstrating 5/5 strength throughout the lower extremities. No reflex deficits were identified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: LUMBO-SACRAL SADDLE WITH BUCKLE STRAP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The request is not medically necessary. The clinical documentation indicates the injured worker complaining of pain at several regions. According to Official Disability Guidelines (ODG), the use of durable medical equipment is indicated provided the equipment can stand repeated use and can normally be rented by successive injured workers and is primarily customarily used to service a medical purpose. No information was submitted regarding functional deficits associated with the lumbar spine. Therefore, it is unclear if the injured worker will benefit from the use of the proposed device. No information was submitted regarding the potential device withstanding repeated use and normally being rented by successive injured workers. Given this, the request is not indicated as medically necessary.