

Case Number:	CM14-0108102		
Date Assigned:	08/01/2014	Date of Injury:	06/20/2011
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 51-year-old gentleman who was reportedly injured on August 20, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 9, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness over the lumbar paraspinal muscles as well as the lower portion of the lumbar spine. There was decreased lumbar spine range of motion and decreased sensation on the right side at the L3, L4 and L5 dermatomes. There was also a positive bilateral straight leg raise test. Diagnostic imaging studies of the lumbar spine revealed postsurgical changes from a prior posterior lumbar spinal fusion at L5/S1 with intact hardware. There was multilevel degenerative disc disease worse at L4/L5. Previous treatment includes a lumbar fusion at L5/S1. A request was made for a postural lumbar orthosis and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postural lumbar orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Lumbar Supports, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a lumbar support is not recommended for prevention and only for treatment as an option for compression fractures, spondylolisthesis and documented instability. A review of the medical record indicates that the injured employee does not have any of these conditions. Therefore this request for a postural lumbar orthosis is not medically necessary.