

Case Number:	CM14-0017844		
Date Assigned:	04/16/2014	Date of Injury:	08/02/2012
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/12/2014

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, has a subspecialty in Sports Medicine 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 32 year old male with a reported date of injury on 08/02/2012. The worker was injured while bending over to pick strawberries. The clinical note dated 01/16/2014, documented the injured worker complained of 7/10 low back pain with left lower extremity "symptoms". Lumbar range of motion was reported with flexion to 60 degrees, and extension to 50 degrees. The injured worker had a positive left straight leg raise. The injured worker reported a "significant" tolerance to exercise and activity to include the maintenance of activities of daily living with the use of medication. The injured workers medication regimen included Tramadol ER, Hydrocodone, Naproxen Sodium, Pantoprazole and Cyclobenzaprine. The clinical note dated 02/21/2014 stated that the injured worker received physical therapy which "improved his symptoms". On 2/22/2013 the injured worker had an EMG, of the lower extremities, the study revealed a left sided L5-S1 lumbosacral radiculopathy. An MRI of the lumbosacral spine on 09/26/2013 revealed no disc disease, and no change from MRI dated 02/2013. The injured worker had a diagnosis of degenerative disk disease of the lumbosacral spine, with left L4 and L5 radiculopathy and lumbar spondylitis. The request for authorization for x2 lumbar - sacral orthosis sagittal control, with rigid anterior and posterior was submitted on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X2 LUMBAR - SACRAL ORTHOSIS SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Low Back Lumbar Support Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 786-788.

Decision rationale: ACOEM states lumbar supports are not recommended for the treatment of low back disorders. Furthermore, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Medical necessity has not been established as the guidelines do not recommend the use of lumbar supports, nor does it support the replacement of lumbar supports. As the injured workers injury was dated as 08/02/2012, he was well outside of the acute phase of injury. Furthermore, he had clinical documentation to support stability with medication regimen and was not a candidate for surgery. Therefore, the request for x2 lumbar - sacral orthosis sagittal control, with rigid anterior and posterior is not medically necessary.