

Case Number:	CM14-0029824		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2013
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty 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 injured worker is a 35-year-old female who reported an injury on 08/16/2013. She reportedly stacking boxes when a 45 pound box fell and she caught in her arms and lifted it back on to the stack of boxes. On 01/21/2014, the injured worker presented with intermittent moderate to severe pain in the lumbar spine aggravated by bending forward at the waist and prolonged standing, complaints of frequent severe pain to the thoracic spine, intermittent moderate pain to the right shoulder made worse by using her arms, and right hand and wrist pain with numbness over the right hand and wrist. Upon examination of the lumbar spine there was tenderness to palpation and spasm to the bilateral paraspinal muscles from L4-S1 and multifidus; the lumbar range of motion values were 15 degrees of flexion, 11 degrees of extension, 16 degrees of left bending, 20 degrees of right bending, 10 degrees of left rotation, and 15 degrees of right rotation, and all range of motion elicited pain. There was a positive straight leg raise to the right. Prior treatments included home exercise, acupuncture, and medications. The provider requested a lumbar support orthosis between 02/24/2014 and 04/10/2014. The provider stated it was prescribed for the injured worker in order to stabilize the lumbar spine and promote healing. The request for authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar support Orthosis between 2/24/2014 and 4/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-300.

Decision rationale: The request for 1 lumbar support orthosis between 02/24/2014 and 04/10/2014 is not medically necessary. The California MTUS ACOEM Guidelines state because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. There is no medical indication that a back brace would assist in the treatment for the injured worker. As such, the request is not medically necessary.