

Case Number:	CM14-0031217		
Date Assigned:	06/20/2014	Date of Injury:	07/09/2000
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 and is licensed to practice in New York, and 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 77-year-old male who reported an injury on 07/09/2000. The mechanism of injury was not provided. The clinical note dated 01/08/2014 noted the injured worker presented with complaints of significant right-sided low back pain, as well as numbness and paresthesia. Prior treatment included physical therapy, injections, and medication. Upon examination of the lumbar spine, there was tenderness to palpation of the right sacroiliac joint and surrounding tissue, range of motion of the lumbar spine is limited throughout, particularly in extension, deep tendon reflexes are absent in the lower extremities, and strength measures 5/5. The diagnoses were low back pain, degenerative disc disease, and right sacroiliac pain. The provider recommended one lumbar sacral orthosis, sagittal control, prefabricated. The provider's rationale was not provided. The request for authorization was not included 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:

1 Lumbar sacral orthosis, sagittal control, prefabricated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar & Thotacic (Acute & Chronic).

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

Decision rationale: 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. MTUS/ACOEM Guidelines further state lumbar supports have not shown to have lasting benefit beyond the acute phase of symptom relief. In this case, there is no medical indication that a back brace would assist in the treatment for the injured worker. The injured worker is beyond the acute phase of his injury. As such, the request for one lumbar Sacral Orthosis, Sagittal control, prefabricated is not medically necessary and appropriate.