

Case Number:	CM14-0048146		
Date Assigned:	07/02/2014	Date of Injury:	02/10/2007
Decision Date:	08/27/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 50 year-old male. The patient's date of injury is 2/10/2007. The mechanism of injury is described as sitting in a broken chair for over a year. The patient has been diagnosed with herniated disc, radiculopathy of lower back, degeneration of the bilateral knee, chondromalacia patellae, fractures of lower leg and obesity. The patient's treatments have included injections, chiro therapy, physical therapy, and medications. The physical exam findings, dated 3/7/2014 show the lumbar spine exam as mild pain in the rotation to the left and to the right. There is mild pain with flexion at the waist. Moderate pain with extension at the waist. There is also paravertebral spine tenderness noted. The patient's medications have included, but are not limited to, Lyrica, Zolpiem, Norco, Methadone, Celebrex, Ranitidine, Lidoderm, and Zanaflex. The request is for lumbar sacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Sacral Orthosis Back Brace: 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 ,LOW BACK CHAPTER , LUMBAR CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for lumbar orthosis. MTUS guidelines state the following: physical support for lumbar is not recommended. The request as written above is not indicated as a medical necessity to the patient at this time.