

Case Number:	CM14-0057320		
Date Assigned:	07/09/2014	Date of Injury:	06/29/2011
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 56 year old claimant reported an industrial injury on 6/29/11. Exam note from 2/26/14 demonstrates complaint of low back pain and negative straight leg raise with chronic lumbosacral radicular findings. Report of normal neurovascular status in lower extremities. Report notes moderate muscle spasms in low back and mild tenderness over the left sciatic notch. Exam note 5/5/14 demonstrates no changes in range of motion in the back with moderate to severe spasm in left lower back with left L5 more than S1 type of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbrosacral orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, low back, chapter lumbosacral supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, " lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom

relief." The request does not meet recommended guidelines. Therefore, the request for lumbrosacral orthosis is not medically necessary.