

<b>Case Number:</b>	CM14-0074996		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Internal Medicine 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 49 year old male whose date of injury is 12/07/2011. The mechanism of injury is described as a motor vehicle accident. The injured worker is status post lumbar arthrodesis at L3-4 in April 2013. The injured worker was scheduled for hardware removal on 05/20/14. The most recent clinical notes submitted for review are dated March 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Apollo LSO purchase for lumbar spine, neck, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post operative (fusion)

**Decision rationale:** Based on the clinical information provided, the request for Apollo LSO purchase for lumbar spine, neck, right shoulder is not recommended as medically necessary. The submitted records indicate that the injured worker was scheduled for hardware removal in May 2014; however, there is no operative report submitted for review and no postoperative records

were provided to support the requested LSO purchase. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.