

Case Number:	CM14-0190144		
Date Assigned:	11/21/2014	Date of Injury:	10/02/2001
Decision Date:	01/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 North Carolina. 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 52-year-old with a reported date of injury of 10/02/2001. The patient has the diagnoses of chronic pain syndrome, low back pain, status post lumbar fusion and sciatica. Past treatment modalities have included acupuncture, surgery and physical therapy. Per the most recent progress notes provided for review from the primary treating physician dated 10/21/2014, the patient had complaints of continued back pain that interferes significantly with activity and rated an 8-9/10. The physical exam noted lumbar tenderness and positive bilateral straight leg raise test. There are no specific new changes or recommendations made in the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbo-Sacral Orthosis: Upheld

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

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

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is not in the acute phase of low back pain

symptoms. In addition, the progress notes indicate the low back brace was initially given by a physical therapist in June 2014. The continued use of the low back support past the acute phase of symptoms is not supported by ACOEM. Therefore, the request is not medically necessary.