

Case Number:	CM14-0066456		
Date Assigned:	07/11/2014	Date of Injury:	06/01/2009
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in pain 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 52 year old female whose date of injury is 06/01/2009. The mechanism of injury is described as repetitive motion. She underwent a two level cervical fusion at C5-6 and C6-7 in July 2012. Lumbar MRI dated 02/16/14 revealed mild degenerative changes at L3-4 through L5-S1. The submitted records indicate that the injured worker was recommended for L4-5, L5-S1 anterior lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - Postop LSO back brace purchase: 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, Lumbar supports.

Decision rationale: Based on the clinical information provided, the request for DME post-operative LSO back brace purchase is not considered medically necessary. The submitted records indicate that the injured worker was recommended to undergo a two level lumbar fusion. However, there is no indication that the surgical intervention has occurred. If so, there is no

postoperative assessment submitted for review. There is no clear rationale provided to support a back brace purchase. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.