

Case Number:	CM14-0025883		
Date Assigned:	06/13/2014	Date of Injury:	12/02/2004
Decision Date:	08/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 male with a date of injury on 12/2/04. The 9/3/13 report notes pain, numbness, and tingling in the bilateral wrists and hands. The examination notes decreased sensation to pinprick over the volar aspects of the thumbs, index, middle, and ring fingers. Grip strength is 5-/5. The 12/3/13 report notes pain in the low back, neck and stiffness of the upper extremities. There is reduced range of motion of the lumbar spine with intact strength in the lower extremities. At issue is a lumbosacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbosacral orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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, lumbar supports.

Decision rationale: The medical records provided for review do not indicate any objective findings in support of spine instability, compression fracture, or spondylolithesis. For this injured worker's non-specific back pain, the Official Disability Guidelines do not support the use of a

lumbar orthosis due to a lack of quality evidence that a lumbosacral orthosis would help this condition. Therefore, the requested lumbosacral orthosis is not medically necessary or appropriate at this time.