

Case Number:	CM14-0001123		
Date Assigned:	01/10/2014	Date of Injury:	04/26/2013
Decision Date:	09/25/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old male with an industrial injury dated 04-26-2013. The injured worker's diagnosis includes lumbar spine sprain and strain. Treatment consisted of X-ray of lumbar spine, prescribed medications, physical therapy, activity modifications and periodic follow up visits. In a progress note dated 11-24-2013, the injured worker reported intermittent low back pain. The injured worker rated pain 7 out of 10. Objective findings revealed decrease lumbar range of motion, decreased lordosis and positive Lasegue's on the right. Tightness and spasm of the paraspinal musculature, hypoesthesia and facet joint tenderness at bilateral L3-L5 were also noted on exam. The treating physician prescribed one purchase of prefabricated lumbar-sacral orthosis for the management of lumbar spine injury, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase of prefabricated lumbar-sacral orthosis for the management of lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): ACOEM, Chapter 12, Low back, page 298.

Decision rationale: This claimant was injured now over two years ago with a lumbar strain. Lumbar pain, tightness and tenderness continue. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Criteria are not met for lumbar orthosis and bracing and therefore is not medically necessary.