

Case Number:	CM13-0008165		
Date Assigned:	04/23/2014	Date of Injury:	10/02/2006
Decision Date:	05/28/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 56-year-old female who reported an injury on 10/02/2006. The mechanism of injury involved a fall. Current diagnoses include a lumbar musculoligamentous strain, lumbar disc disease, lumbar facet syndrome and status post bilateral total knee replacement. The injured worker was evaluated on 05/08/2013. The injured worker reported 9/10 lower back pain. Physical examination of the lumbar spine revealed diffuse tenderness to palpation, positive Kemp's testing bilaterally, positive straight leg raising bilaterally and diminished range of motion. Treatment recommendations included an L3-S1 bilateral medial branch facet joint rhizotomy and a lumbosacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of significant instability upon physical examination.

Therefore, the medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.