

<b>Case Number:</b>	CM13-0014874		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 and Rehabilitation and is licensed to practice in Oklahoma, Texas. 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.

### 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 50-year-old female who reported an injury on 11/06/2012 due to a slip and fall, which reportedly caused injury to her low back and left knee. The patient's most recent clinical evaluation from 06/27/2013 documented that the patient had tenderness to palpation over the paravertebral musculature and lumbosacral junctions at the L5 levels and sacroiliac joints. The patient had a positive sacroiliac stress test on the right and restricted range of motion secondary to pain. The patient's diagnoses included status post right knee arthroscopy, left knee sprain/strain, and lumbar spine musculoligamentous sprain/strain. The patient's treatment plan included physical therapy, continuation of medications, a pain management consultation for an epidural steroid injection, and quick draw lumbar spine support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BRACE-QUICK DRAW FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 308.

**Decision rationale:** The requested Brace-Quick Draw for lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend the use of a back brace in the acute or chronic phase of a patient's low back pain. The clinical documentation submitted for review does not provide any exceptional factors

to extend treatment beyond guideline recommendations. As such, the requested Brace-Quick draw for Lumbar Spine is not medically necessary or appropriate.