

Case Number:	CM13-0026935		
Date Assigned:	03/19/2014	Date of Injury:	06/03/2003
Decision Date:	05/05/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational 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 patient is a 58 year-old female who was injured on 05/06/2003. Mechanism of injury is unknown. Prior treatment history has included psychiatric treatment with emphasis on medication management. She has not had surgery. Progress note dated 08/26/2013 documented the patient with complaints of low back pain radiating into the right lower extremity. There has been no functional change since last examination or treatment since last visit. Plan: DME has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO BRACE FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, LUMBAR SUPPORTS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK.

Decision rationale: This is a request for LSO brace, lumbar support. Per guidelines, lumbar support use has not been shown to have any lasting benefit beyond the acute phase but for a

select set of conditions, which the patient is not documented to have. Therefore, LSO brace is non-certified.