

Case Number:	CM13-0031123		
Date Assigned:	12/04/2013	Date of Injury:	03/24/2011
Decision Date:	01/29/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

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 orthopedic surgery, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Date of injury 3/24/2011. Report of bilateral knees and wrist injuries. Report of lumbar strain. Exam note from 8/23/2013 demonstrates beneficiary with antalgic gait with report of paravertebral musculature tenderness in the lumbar spine noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Upheld

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

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

Decision rationale: CA MTUS ACOEM guidelines 2nd edition chapter 12 low back complaints chapter "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". As the request is two years status post industrial injury the determination is for non certification as not medically necessary.