

Case Number:	CM13-0038598		
Date Assigned:	12/18/2013	Date of Injury:	03/27/2012
Decision Date:	02/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal 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 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:

Patient is a 43M who had injury to his knees on March 27 2012 after he fell. Following this he had complaints of lower back pain and was found to have tenderness. He was prescribed physical therapy and acupuncture. Following his initial injury he had seen [REDACTED], who ordered x-rays of his lower back and knees and then referred him for MR scans. He had 10-15 Physical Therapy sessions, was prescribed Motrin 800mg, Tylenol with codeine 630mg and received an injection to his left knee. He also suffered from insomnia and abdominal symptoms. On a progress note from June 17 2013, it was noted that the patient had a limp and was favoring LLE. He was prescribed chiropractic care for the lumbar spine and physiotherapy to both knees twice a week for 4 weeks. This progress note was not signed. In a note, on July 24 2013, patient had ongoing pain and was noted to have radicular signs, as per [REDACTED]. In a note from July 18 2013, it was recommend patient have acupuncture, MR L spine, EMG of the legs and lumbar spine brace. This note was not signed or authored.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Orthosis (LSO) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 10, 85, 180, 287, 288, 289, 297, 300, Chronic Pain Treatment Guidelines Page(s): 2, 5, 10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013 updates, lumbar supports- low back chapter

Decision rationale: As per ODG guidelines, there no evidence that lumbar supports are effective in preventing neck and back pain. Back braces/lumbar support can be used to treat compression fractures but have not been found to be very effective and thus not medically recommended.