

Case Number:	CM13-0042487		
Date Assigned:	12/27/2013	Date of Injury:	12/13/2010
Decision Date:	03/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 patient is a 31-year-old male who reported an injury on 12/13/2010. The most recent primary treating physician's progress report was submitted by [REDACTED] on 12/16/2013. The patient reported ongoing neck, low back, bilateral shoulder, and bilateral leg pain. Physical examination was not provided. Treatment recommendations included continuation of current medications, physical therapy twice per week for 4 weeks for the lumbar spine, and a urine test.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Chronic Pain Medical Treatment /ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the documentation submitted, there is no evidence of a recent physical examination for this patient. Therefore, there is no evidence of significant instability. The patient is currently diagnosed with cervical myalgia, spinal stenosis, cervical sprain/strain,

impingement syndrome in the shoulder, and degenerative disc disease with sprain and strain of the lumbar spine. There is no evidence of this patient's active participation in a functional rehabilitation program. The medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.