

Case Number:	CM13-0046513		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2010
Decision Date:	02/24/2014	UR Denial Date:	10/16/2013
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 Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, 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. 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 54-year-old male who reported an injury on 03/17/2010 due to lifting a heavy object that resulted in right knee pain, right hip pain, and low back pain. The patient ultimately underwent right knee surgery. The patient's most recent clinical examination findings included complaints of low back pain, bilateral hip pain, and bilateral knee pain. Physical examination revealed 5/5 motor strength of the bilateral lower extremities with intact sensation and 2+ reflexes with tenderness on the posterior superior iliac space with normal range of motion of the lumbar spine. The patient had significant tenderness to palpation along the lumbar paraspinal musculature and spinous process. A recent X-Ray of the lumbar spine revealed a Grade 1 anterolisthesis of L5 on S1. The patient's diagnoses included anterolisthesis, bilateral knee pain related to osteoarthritis, and Lumbar Spondylosis from L1 through L5. The patient's treatment recommendations included continuation of current medications and a lumbar support

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Back Brace Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: The requested back brace for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient has low back complaints. The American College of Occupational and Environmental Medicine state "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The clinical documentation does support that the patient is in a chronic phase of low back pain. Therefore, a lumbar support would not be indicated. As such, the requested back brace for the lumbar spine is not medically necessary or appropriate.