

Case Number:	CM13-0051616		
Date Assigned:	12/27/2013	Date of Injury:	10/22/2012
Decision Date:	05/19/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 claimant is a 43-year-old female who was injured in a work related accident on October 22, 2012. A recent follow-up of December 15, 2013 indicates ongoing complaints of cervical and lumbar strains as well as trapezial strain. There was noted to be no acute change in the claimant's symptoms at that time. Physical examination findings demonstrated tenderness to palpation with no documentation of neurologic findings. Recommendations at that time were for continuation of Prilosec and Voltaren. There was also clinical request at present for a purchase of a Miami lumbar brace with rigid supports both anteriorly and posteriorly for "stability". There is no current documentation of recent clinical imaging for review in this instance. There is also no further documentation of conservative measures currently being utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF MIAMI LUMBAR BRACE WITH RIGID PADS ON THE ANTERIOR AND POSTERIOR ASPECTS FOR STABILITY AND SUPPORT: 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): 298-301.

Decision rationale: While the brace is noted to be for "stability", there is no documentation of imaging to support an unstable process or segmental instability for which acute need of bracing would be indicated. For the claimant's current diagnosis of a lumbar strain, the role of the Miami brace would not be indicated. Based on the ACOEM Guidelines, and the medical records provided for review, the request is not medically necessary and appropriate.