

Case Number:	CM13-0062425		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2011
Decision Date:	05/16/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in 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 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 injured worker is a 54-year-old male who reported an injury on 01/29/2011, secondary to a fall. The current diagnoses include right SI (sacroiliac) joint sprain, cervical sprain and strain with radiculopathy, and status post right shoulder arthroscopy on 04/21/2012. The injured worker was evaluated on 11/04/2013. The injured worker reported persistent lower back pain. Final Determination Letter for IMR Case Number CM13-0062425 3 Physical examination revealed positive Kemp's testing, tenderness to palpation, limited lumbar range of motion, and decreased sensation in the L4 dermatome. The treatment recommendations included authorization for a [REDACTED] LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **LSO BRACE:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS/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 for review, the date of injury was greater than 2 years ago, and the injured worker is no longer within the acute phase of treatment. There is no documentation of instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request for [REDACTED] LSO (Lumbar-Sacral Orthosis) brace is non-certified.