

Case Number:	CM13-0067849		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2008
Decision Date:	06/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 reported an injury on 09/08/2008. The mechanism of injury was not stated. Current diagnoses include lumbar spine myofasciitis with radiculitis, status post left hip arthroscopy, and status post left knee arthroscopic surgery. The injured worker was evaluated on 10/03/2013. The injured worker reported persistent stress, depression, right hip pain, and left shoulder pain. The injured worker also reported low back pain with radiation into bilateral lower extremities. Physical examination revealed a limping gait, limited right shoulder range of motion with tenderness to palpation, limited and painful range of motion of the right hip, and tenderness to palpation of the lumbar spine with limited forward flexion. Treatment recommendations at that time included a lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE WITH VELCRO ADJUSTMENTS FOR THE LOW BACK- FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- BACK CHAPTER LUMBAR SUPPORTS

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is greater than 6 years status post injury. Therefore, the injured worker is no longer within the acute phase of treatment. It is also noted that the injured worker was previously provided with a lumbar brace. The medical necessity for an additional brace has not been established. Physical examination does not reveal significant instability. Therefore, the request for back brace with velcro adjustments for the low back - for purchase is not medically necessary and appropriate.