

Case Number:	CM13-0071841		
Date Assigned:	01/08/2014	Date of Injury:	11/04/2009
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 female with a reported injury date on 11/04/2009; the mechanism of injury was not provided. Diagnosis includes degeneration of disc; lumbar region. The clinical note dated 12/05/2013 noted subjective complaints to include worsening low back pain, stiffness, and pain in the left sacroiliac joint. Objective findings included tenderness to the sacroiliac joint and measured lumbar range of motion of 20 degrees with flexion and 5 degrees with extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF LUMBAR SUPPORT BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for the purchase of a lumbar support brace is non-certified. It was noted that the injured worker had complaints to include worsening low back pain, stiffness, and pain in the left sacroiliac joint. Objective findings included tenderness to the sacroiliac joint and decreased range of motion of the lumbar spine. The California ACOEM guidelines state that

lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the documentation provided the injured worker is no longer considered in the acute stage of injury as the reported injury date was 11/04/2009. Therefore the request for the purchase of a lumbar support brace is not medically necessary or appropriate.