MAXIMUS Federal Services

Case Number:	CM13-0072171		
Date Assigned:	03/03/2014	Date of Injury:	04/20/2012
Decision Date:	06/12/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 52 year old female reported an injury between 04/20/2011 and 04/20/2012 of unknown mechanism. The clinical note dated 10/02/2013 indicated diagnoses of cervical sprain/strain with mild discopathy and radiculopathy at the C5-C6 and C6-C7 level, lateral epicondylitis of right elbow and bilateral flexor tenosynovitis with mild carpal tunnel bilateral, rule out cubital tunnel syndrome. The claimant reported constant back pain which she described as sore and achy rated at 5/10. On physical exam, the range of motion to the lumbar region was normal; however, the patient had slight spasms and tenderness with mobility. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF LSO LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS/ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The claimant

reported constant back pain rated 5/10. The claimant is over 2 years status post date of injury. Therefore, the injured worker is not in the acute phase. The request for a purchase of LSO lumbar brace is not medically necessary and appropriate.