

Case Number:	CM14-0001830		
Date Assigned:	01/22/2014	Date of Injury:	10/28/1999
Decision Date:	06/02/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/06/2014

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 Neurology has a subspecialty in Neuromuscular Medicine 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 patient is a 68-year-old woman who sustained a work-related injury on October 28, 1999. Subsequently she developed chronic back pain. According to a note dated on April 22, 2013, the patient was complaining of throbbing back pain. Her physical examination demonstrated abnormal gait, tenderness in the lumbar paraspinal muscles with reduced range of motion. According to the note dated on September 23, 2013 the patient was noted to have straight leg raising, absent PATELLAR reflex on the right side. According to another evaluation dated on November 25, 2013, the patient's examination was non-focal. The patient was treated with physical therapy, pain medications and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A 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): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request to purchase a lumbar brace is not medically necessary.