

Case Number:	CM14-0106758		
Date Assigned:	07/30/2014	Date of Injury:	08/20/1996
Decision Date:	10/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family Medicine and is licensed to practice in California, Tennessee, and 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 is a 54 year old male whose date of injury is 08/20/1996. The mechanism of injury is described as lifting/changing a water closet. Re-evaluation dated 05/21/14 indicates that the injured worker complains of neck and right knee pain. Treatment to date includes lumbar epidural steroid injections, trigger point injections, acupuncture, physical therapy, medial branch blocks, chiropractic, TENS and medication management. Diagnoses are knee pain, cervical radiculopathy, cervical facet syndrome, depression nos, spasm of muscle and patellofemoral syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Support Brace - Outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports

Decision rationale: Based on the clinical information provided, the request for lumbar support brace-outpatient is not recommended as medically necessary. There is no current, detailed

physical examination of the lumbar spine submitted for review. There are no updated imaging studies/radiographic reports submitted for review. There is no documentation of instability, compression fracture or spondylolisthesis as required by the Official Disability Guidelines (ODG). The Official Disability Guidelines not that lumbar supports are not recommended for the prevention of low back pain.