

Case Number:	CM14-0135559		
Date Assigned:	08/29/2014	Date of Injury:	06/20/2003
Decision Date:	10/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 68-year-old female was reportedly injured on 6/20/2003. The mechanism of injury was noted as a fall. The most recent progress note, dated 7/14/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination was handwritten and very minimal. It revealed lumbar canal stenosis and nothing follows. No recent diagnostic studies are available for review. Previous treatment included medications, and conservative treatment. A request had been made for lumbar support back brace and was not certified in the pre-authorization process on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (07/14/14): Back Brace - Ottobock Low-Profile LSO Lite QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 3rd Edition 2011, Low Back Disorders, (page #523); regarding lumbar supports

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

Decision rationale: MTUS/ACOEM practice guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The

claimant is currently not in an acute postoperative setting, and there is no documentation of instability or spondylolisthesis with flexion or extension with plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.