MAXIMUS Federal Services

Case Number:	CM14-0185458		
Date Assigned:	11/13/2014	Date of Injury:	09/28/2013
Decision Date:	12/30/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 New Jersey. 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 29 year old woman who sustained a work-related injury on September 28 2013. Subsequently, the patient developed a chronic low back and right ankle. According to a progress report dated on September 25 2014, the patient was complaining of low back pain and right leg pain with a severity rated between 3-7/10. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, positive face loading, tenderness of the right ankle. The patient was diagnosed with lumbar sprain. The provider requested authorization for ankle brace and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace right ankle for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME)

Decision rationale: The guidelines recommend generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). There is no

documentation of clearly unstable ankle joint in this case. Therefore the request for ankle brace is not medically necessary.

Lumbar brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter

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. A lumbar brace is recommended for prevention and not for treatment. The patient sustained a chronic back pain since 2013 and the need for lumbar brace is unclear. Therefore, the request for Lumbar Brace is not medically necessary.