

Case Number:	CM14-0021793		
Date Assigned:	05/09/2014	Date of Injury:	03/02/2012
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery, 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:

This 50-year-old male driver sustained an industrial injury on 3/2/12. The mechanism of injury is not documented. He underwent inguinal hernia repair on 12/28/12, and left knee arthroscopy with debridement in August 2013. The 12/23/13 treating physician progress report cited subjective complaints of neck, bilateral shoulder, bilateral wrist, low back and bilateral knee pain. Low back pain was reported 9/10. There were no physical exam findings documented relative to the low back. The diagnosis included cervical disc syndrome, bilateral shoulder rotator cuff syndrome, right shoulder rotator cuff partial tear, bilateral carpal tunnel syndrome, biceps tendon rupture, lumbar spine spondylosis, bilateral knee osteoarthritis, meniscal tear, and status post knee medial and lateral meniscus tear repair. The treatment plan recommended additional left knee post-op physical therapy, medications, authorization of right shoulder arthroscopy and acromioplasty, pain management consultation, urine drug screen, right knee brace, single point cane, lumbar spine brace, and continued off work. The 2/7/14 utilization review denied the request for lumbar brace as there was no clinical information to support the use of a lumbar brace consistent with evidence based medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 138-139.

Decision rationale: Under consideration is a request for one lumbar spine brace. The California MTUS guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have not been met. The patient has been diagnosed with spondylosis, but there no documented instability or evidence of spondylolisthesis. The medical records do not support the patient is post-op. Given the failure to meet guideline criteria, this request for lumbar spine brace is not medically necessary.