

<b>Case Number:</b>	CM14-0028154		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	04/23/2001
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 California and Missouri. 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 61 year old female who was injured on 04/23/2001 while in a wheelchair; her leg was dangling which caused low back pain, numbness and tingling. Prior medication history included Klonopin, Celexa, Norco, Zanaflex, Percocet, and omeprazole. The patient underwent open reduction, internal fixation of left olecranon fracture on 02/24/2014. Prior treatment history has included 6 documented sessions of physical therapy. Progress report dated 06/19/2014 documented the patient to have complaints of left elbow stiffness and weakness. On exam, she is wheelchair bound. The lumbar spine revealed decreased range of motion. She is noticed to be utilizing a lumbar spine corset. She is diagnosed with lumbar spine discopathy. There are no progress notes providing subjective or objective findings pertaining to the request; most notes are hand written and illegible. Prior utilization review dated 02/27/2014 states the request for DME: Lumbar Brace is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ergonomic Tactics to Prevent Neck and Back Musculoskeletal Complaints and Disorders

Page(s): 8-9. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Ergonomic Tactics to Prevent Neck and Back Musculoskeletal Complaints and Disorders, page(s) 8-9.

**Decision rationale:** The Guidelines noted above indicate that there is no evidence based reasoning to support the use of a lumbar orthosis in this type of circumstance. The medical records fail to show any examination findings, rationale, or medical reasoning for the usage of a lumbar brace. The individual in question is reported to be wheelchair bound, obviating the need for a lumbar brace when weight bearing. Furthermore, there is no documented instability or other anatomic reason for bracing. Based on the guidelines described above and the lack of medical justification based on examination or other criteria as well as the lack of clinical documentation as stated above, the request is not medically necessary.