

Case Number:	CM14-0028991		
Date Assigned:	06/16/2014	Date of Injury:	09/19/2006
Decision Date:	08/12/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 38-year-old female whose date of injury is 09/19/2006. The mechanism of injury is described as exiting a van. The injured worker reported left knee pain and low back pain. Progress report dated 02/13/14 indicates that the left knee has minimal swelling. Diagnoses are chondromalacia left knee and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SUPPORT BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 138-9.

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: There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date submitted for review. There is no current, detailed physical examination submitted for review. There is no documentation of instability, postoperative status or spondylolisthesis. The Official Disability Guidelines note that lumbar supports are not recommended for the prevention of low back pain.

There is no clear rationale provided to support the requested brace at this time. Based on the clinical information provided, the request for lumbar support brace is not medically necessary.