

Case Number:	CM14-0035329		
Date Assigned:	06/23/2014	Date of Injury:	09/06/2012
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 injured worker is a 37-year-old female who was reportedly injured on September 9, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated January 21, 2014, indicates that there are ongoing complaints of low back and leg pain and right elbow symptoms are noted as well. The physical examination demonstrated a 5'6" individual in no acute distress. There is tenderness over the right elbow and a decrease in range of motion. The lumbar spine examination noted tenderness to palpation, some muscle spasm and a decrease in range of motion. Sensory and motor function are intact. Diagnostic imaging studies are referenced but not presented for review. Previous treatment includes multiple medications and fracture treatment for the elbow. A request had been made for a lumbar pneumatic brace and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos Lumbar Pneumatic Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines do not support the use of a lumbar sacral orthosis (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 plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.