

Case Number:	CM14-0040266		
Date Assigned:	06/27/2014	Date of Injury:	01/30/2011
Decision Date:	08/19/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 61-year-old male who was reportedly injured on 1/30/2011. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 11/8/2013, indicated that there were ongoing complaints of neck, bilateral shoulder, and low back pains. The physical findings from 9/17/2013 to 11/8/2013 state objectively that there were no substantial changes in the patient's condition at last evaluation. No recent diagnostic studies were available for review. Previous treatment included physical therapy, chiropractic care, medications, and a transcutaneous electrical nerve stimulation (TENS) unit. A request was made for a lumbar brace and was not certified in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DME lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain and low back treatment guidelines.

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

Decision rationale: American College of Occupational and Environmental Medicine treatment guidelines does not support the use of a lumbar sacral orthosis or other lumbar support devices for the treatment or prevention of low back pain; except in cases of specific treatment of

spondylolisthesis. The injured worker is currently not in an acute postoperative setting, and there is no documentation of instability or spondylolisthesis with flexion or extension on plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.