

Case Number:	CM14-0074728		
Date Assigned:	07/16/2014	Date of Injury:	11/11/2011
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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:

The injured worker is a 43 year old male whose date of injury is 11/11/2011. The injured worker was on a tractor and a rolling portion of a machine fell on him. Evaluation dated 06/23/14 indicates that the injured worker complains of nonspecific and axial lumbar spine pain, right lateral hip and multiple location leg pain. Treatment to date includes right hip arthroscopy on 09/25/12 which was not beneficial, four sessions of physical therapy and medication management. Medications are listed as hydrocodone and amitriptyline. Electromyogram/nerve conduction velocity dated 01/23/12 is reported to be a normal study. Diagnoses are chronic pain and status post right hip arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

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

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: Based on the clinical information provided, the request for lumbar brace is not recommended as medically necessary. There is no clear rationale provided to support the requested brace at this time. The Official Disability Guidelines do not recommend lumbar supports for the prevention of low back pain. There is no documentation of instability, compression fracture or spondylolisthesis. Therefore, the request is not in accordance with the Official Disability Guidelines, and medical necessity is not established.