

Case Number:	CM14-0091645		
Date Assigned:	07/25/2014	Date of Injury:	05/31/2013
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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. 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:

According to the records made available for review, this is a 48-year-old female with a 5/31/13 date of injury. At the time (4/29/14) of the request for authorization for back brace, there is documentation of subjective (low back pain especially in the right buttock area, tingling in bilateral legs down to her lateral knees mostly in the thighs) and objective (tenderness to palpation over her right sacroiliac joint, she has a positive right FABER test) findings, current diagnoses (lumbar degenerative disease, L3-4 spondylolisthesis, L4 to S1 degenerative changes, bilateral lower extremity radiculopathy, and lumbar strain), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support.

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies

documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disease, L3-4 spondylolisthesis, L4 to S1 degenerative changes, bilateral lower extremity radiculopathy, and lumbar strain. Therefore, based on guidelines and a review of the evidence, the request for back brace is medically necessary.