

Case Number:	CM14-0208957		
Date Assigned:	12/22/2014	Date of Injury:	10/12/2014
Decision Date:	02/12/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice 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:

This is a 23 year old male claimant this is stated work injury on October 12, 2014 involving low back and was diagnosed with lumbar strain. He had used Flexeril and Motrin for symptomatic relief. He had undergone physical therapy. A progress note on November 19, 2014 indicated claimant had aching and throbbing in the low back. Examination findings were notable for painful range of motion any positive straight leg raise test on the right side as well as bilateral positive Kemp's and Yeoman's test. A subsequent request was made for a lumbar support orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support orthosis (Apollo LSO): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's

injury was remote occurred over a month prior. The use of a back brace is not medically necessary.