

Case Number:	CM14-0022885		
Date Assigned:	06/11/2014	Date of Injury:	03/31/2013
Decision Date:	03/23/2015	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male who reported an injury on 03/31/2013. The injured worker had a history of left knee pain and low back pain. A previous request for a pneumatic back brace and hinged knee brace had been presented with the back brace and denied based on guidelines supporting the use of bracing following back surgery or for documented vertebral instability or spondylolisthesis. The injured worker did not have documentation of either of these and therefore did not qualify as a candidate for the use of a lumbar support. The injured worker had previous complaints of tenderness to palpation along the paraspinal musculature of the lumbar spine with objective findings of mild guarding on flexion and extension with significant reduction in flexion and extension as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: According to the California MTUS/ACOEM Guidelines, lumbar supports are not recommended for the treatment of low back disorders. In the case of this injured worker, there was a lack of imaging studies providing verification of instability to warrant the use of a lumbar support or a corset. Additionally, there were no current clinical documentations with a thorough comprehensive examination indicating the injured worker had significant neurologic deficits necessitating the use of the lumbar support for stability purposes. Therefore, the request cannot be considered a medical necessity.