

Case Number:	CM15-0144697		
Date Assigned:	08/05/2015	Date of Injury:	09/08/2008
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 33-year-old man sustained an industrial injury on 9-8-2008. The mechanism of injury is not detailed. Diagnoses include lumbar spine myofascitis with radiculitis, left hip and left knee surgeries. Treatment has included oral medications. Physician notes on a PR-2 dated 7-7-2015 show complaints of back, bilateral hips, left knee, and shoulder pain. Recommendations include continue with lumbar spine specialist, hip surgery, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable elastic back brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, adjustable elastic back brace for purchase is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are lumbar spine myofasciitis with radiculitis; status post left hip A/S; and status post left knee arthroscopic surgery. The date of injury is September 8, 2008. Request for authorization is dated July 2, 2015. According to a December 14, 2013 progress note, there was non-certification of a requested back brace. The non-certification was upheld on June 16, 2014. The medical record contains 31 pages. There is no progress note documentation by the requesting provider. Additionally, there are no contemporaneous progress notes on or about the date of request for authorization (July 2, 2015). Additionally, lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. Consequently, absent clinical documentation by the requesting provider in the medical record, a request by the treating provider for a back brace and a clinical indication and rationale for an elastic back brace for and guideline non-recommendations for a back brace, adjustable elastic back brace for purchase is not medically necessary.