

Case Number:	CM14-0117062		
Date Assigned:	08/06/2014	Date of Injury:	04/30/2001
Decision Date:	10/14/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 64 year old male whose date of injury is 04/30/2001. The mechanism of injury is not described, but the injured worker is noted to have sustained multiple musculoskeletal injuries. The records indicate that treatment to date includes multiple epidural and cortisone injections; multiple courses of physical therapy; several surgeries including knee surgery x 3, CTR, "torsotunnel" release and forearm release; and medications including Neurontin, Norco, Ambien, Lidoderm patch, Klonopin, Mobic, Enablex, and Baclofen. There is no indication that the injured worker has undergone lumbar fusion surgery. The injured worker was seen on 04/10/14 with complaints of increasing low back pain and knee pain; reports instability of knee. Lumbar support as well as knee brace was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back - Lumbar & Thoracic (Acute & Chronic) Back brace, post operative (fusion)

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 supports

Decision rationale: Current evidence-based guidelines reflect that there is no evidence for effectiveness of lumbar supports in preventing back pain. Lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis/instability. There is no documentation that the injured worker has instability and/or spondylolisthesis of the lumbar spine, or that the injured worker has undergone lumbar spinal fusion surgery. Based on the clinical information provided, the request for LSO Back Brace is not recommended as medically necessary.