

Case Number:	CM14-0181350		
Date Assigned:	11/06/2014	Date of Injury:	01/11/2013
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 Emergency 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 33-year-old female who reported an injury on 11/30/2010. The mechanism of injury was from cumulative trauma. The diagnoses included lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. Previous treatments included medication, sacroiliac bilateral injections, chiropractic manipulation, acupuncture, nerve therapy, physical therapy, and wrist splints. Diagnostic testing included x-rays, an MRI, and a CT of the lumbar spine. Within the clinical note dated 10/07/2014, it was reported the injured worker complained of pain and numbness involving the fingers and hands, the back of her neck and her lower back, shoulders, knees, and elbows. The injured worker reported difficulty with performing activities of daily living. Upon the physical examination, the provider noted the injured worker's range of motion of the cervical spine was flexion of 60 degrees and extension of 60 degrees. There was tenderness over the radial styloid bilaterally, with a positive Finkelstein's test. The provider noted the injured worker's lumbar range of motion was noted to be flexion of 30 degrees and extension of 0 degrees. A request was submitted for a lumbar brace for purchase. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; LOS Brace purchase: Upheld

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): 300.

Decision rationale: The request for DME, LOS Brace for purchase, is not medically necessary. The CA MTUS/ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is a lack of significant objective findings warranting the medical necessity for the request. The guidelines note back supports show no benefit beyond the acute phase of relief. The injured worker's injury was in 2010, which is out of the acute phase. Therefore, the request is not medically necessary.