

Case Number:	CM14-0210848		
Date Assigned:	12/23/2014	Date of Injury:	12/07/2007
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 34 year old female with date of injury 12/07/07. The treating physician report dated 11/24/14 (118) indicates that the patient presents with pain affecting the neck, low back, knee, and bilateral shoulders. The patient indicates that the pain in her neck is 9/10 and constant with pain radiating to her arms and hands with weakness and numbness. Her low back pain is 9/10 and is constant. Shoulder pain is 9/10 along with her left knee pain of 9/10. Physical examination findings reveal decreased ROM in the cervical spine. There is tenderness over the parasinals. Spurling's test was positive bilaterally. Examination of lumbar spine shows signs of tenderness to palpation with decreased ROM due to pain. The utilization review report dated 12/3/14 denied the request for a back brace and cane based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

