

Case Number:	CM15-0123247		
Date Assigned:	07/07/2015	Date of Injury:	11/28/2014
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 50 year old female with an industrial injury dated 11/28/2014. The injured worker's diagnoses include cervical spine sprain/strain rad of bilateral upper extremity, bilateral shoulder sprain/strain, left elbow pain, improved left thigh contusion and lumbar spine sprain/strain rad bilateral lower extremities, increased. Treatment consisted of diagnostic studies, prescribed medications, chiropractic treatment, physical therapy and periodic follow up visits. In a progress note dated 06/01/2015, the injured worker reported lumbar spine pain. Physical exam revealed moderate significant distress, difficulty rising from sitting, right high shoulder posture, and antalgic gait with stiffness. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed durable medical equipment: Brace LSO system now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Brace LSO system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Sections, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Brace LSO system is not medically necessary.