

Case Number:	CM15-0077974		
Date Assigned:	04/29/2015	Date of Injury:	12/16/2014
Decision Date:	05/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 62 year old female, who sustained an industrial injury on 12/16/2014. She reported a fall on uneven pavement, injuring her left knee, left shoulder, hip and wrist. The injured worker was diagnosed as having status post bilateral knee contusion with early bilateral femoral patella chondromalacia, sprain right sacroiliac joint causing radicular right lower back and leg pain, and degenerative lumbar disc disease by history. Treatment to date has included conservative treatment, including diagnostics, physical therapy, and medications. Magnetic resonance imaging of the lumbar spine (2/09/2015) was referenced. On 3/04/2015, the injured worker reported mild to moderate pain in her low back, radiating to the right leg. She denied significant numbness. Medication use included Motrin and Flexaril. She was not working because her employer was unable to accommodate her restrictions. On 4/01/2015, the injured worker complained of right lower back and right knee pain and was provided a custom lower back brace with heavy metal stays after cortisone injection to the right sacroiliac joint. Palpation of the lumbar spine revealed residual tenderness over the right sacroiliac joint. Range of motion was mildly decreased on forward flexion. Motor and sensory exams to the lower extremities were intact. X-rays of the lumbar spine were taken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom lower back brace with heavy metal stays, provided April 1, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301.

Decision rationale: Per the ACOEM, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in the treatment. The records do not substantiate the medical necessity for a Custom lower back brace with heavy metal stays. The request is not medically necessary.