

Case Number:	CM13-0014188		
Date Assigned:	01/03/2014	Date of Injury:	06/22/2010
Decision Date:	04/17/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on June 22, 2010. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of chiropractic manipulative therapy, unspecified amounts of physical therapy, topical agents, unspecified amounts of acupuncture, and extensive periods of time off of work. A November 14, 2013 progress note is notable for comments that the attending provider is seeking authorization for a topical compounded cream, other medications, six sessions of manipulative therapy, six sessions of acupuncture, and a back brace. The applicant states that manipulation has effected some improvement in terms of activities of daily living. The applicant is on Desyrel, Vicodin, Lidoderm, Motrin, Ritalin, Desyrel, topical Lidoderm, and Flexeril. The applicant is sharing medications with a friend. She is under the concurrent care of a psychiatrist. She continues to smoke cigarettes, but states that she is no longer abusing alcohol or cocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK DISORDERS, 301

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation MTUS: ACOEM, 12, 301

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is several years removed from the acute phase of symptom relief following an industrial injury of June 22, 2010. Ongoing usage of a lumbar support is not indicated at this late date as it is not supported for this purpose by ACOEM. Therefore, the request is not certified.