

Case Number:	CM13-0026463		
Date Assigned:	11/22/2013	Date of Injury:	03/01/2013
Decision Date:	02/05/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 reportedly associated with industrial injury of March 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 4, 2013, the claims administrator denied the request for a lumbar support. The applicant's attorney later appealed, on September 16, 2013, citing a variety of administrative reasons. An earlier note of August 26, 2013 is notable for comments that the applicant is off of work, on total temporary disability. Portions of the note have been truncated. Flexeril, Prilosec, tramadol, urine toxicology screen, and lumbar support were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, lumbar supports have not been demonstrated to have any lasting benefit beyond the acute phase of symptom relief. In this case, request was initiated approximately six months after the date of injury. Usage of lumbar support was no longer indicated in this context, per ACOEM. Therefore, the request is not certified.