

Case Number:	CM13-0032197		
Date Assigned:	12/04/2013	Date of Injury:	02/18/2008
Decision Date:	05/02/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/07/2013

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 18, 2008. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a TENS unit; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of September 13, 2013, the claims administrator denied a request for a lumbosacral orthosis. The applicant's attorney subsequently appealed. On September 24, 2013, the applicant was described as permanent and stationary. He was described as having worsening low back pain with associated right leg weakness, rated at 3/5. Positive straight leg raising is noted. The applicant is asked to continue Naprosyn, Prilosec, and a back brace. Lumbar MRI imaging and electrodiagnostic testing were sought. On July 23, 2013, the applicant was described as having persistent low back pain complaints with superimposed major depressive disorder and sleep disturbance. A lumbosacral orthosis, Naprosyn, Prilosec, a new TENS unit, and a positional lumbar MRI were endorsed. The applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SACRAL ORTHOSIS BRACE: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the employee is well outside of the acute phase of symptom relief. The employee's chronic low back pain apparently dates back to February 18, 2008. Usage of lumbar supports is not indicated at this late date, in the chronic pain phase of the injury, according to ACOEM. Accordingly, the request is not certified, on Independent Medical Review.