

Case Number:	CM13-0032825		
Date Assigned:	12/06/2013	Date of Injury:	11/17/2007
Decision Date:	05/02/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/08/2013

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 an industrial injury of November 17, 2007. 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; at least 12 sessions of physical therapy; epidural steroid injection therapy; facet joint injection therapy; topical agents; muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report of September 11, 2013, the claims administrator apparently denied a lumbar support, citing non-MTUS ODG Guidelines, although the MTUS does address the topic. The applicant's attorney subsequently appealed. A clinical progress note of February 12, 2014 is notable for comments that the applicant reports persistent low back pain and has ongoing issues with hypertension. Norco and a rather proscriptive 10-pound lifting limitation were endorsed. On August 16, 2013, the applicant was described as having worsening pathology of the lumbar spine, with 7/10 pain complaints. The applicant stood 5 feet 4 inches tall and weighed 260 pounds. The applicant was described as continuing to work. She was able to stand on her toes and heels and could squat and stand. Range of motion was painful. Lumbar fusion surgery 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:

LUMBAR SACRAL ORTHOSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 benefit outside of the acute phase of symptom relief. In this case, the employee is well outside of the acute phase of symptom relief with date of injury of November 17, 2007. The employee's low back issues are clearly chronic. Ongoing usage of a lumbar support is not indicated at this late date, according to ACOEM. Therefore, the request remains not certified, on Independent Medical Review.