MAXIMUS Federal Services

Case Number:	CM13-0044982		
Date Assigned:	03/12/2014	Date of Injury:	11/16/2012
Decision Date:	08/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 reportedly associated with an industrial injury of November 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; opioid therapy; and various interventional spine procedures. In a Utilization Review Report dated October 23, 2013, the claims administrator denied a request for a lumbar support. The applicant's attorney subsequently appealed. In a January 23, 2014 progress note, the applicant did present with multifocal low back, shoulder, wrist, and mid back pain. The applicant was working, it was suggested, with a rather proscriptive 10-pound lifting limitation in place. In an appeal letter dated January 28, 2014, the attending provider stated that the applicant would benefit from a lumbar support for home use as well as from concurrently sought bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthotic brace purchase: Upheld

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

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

Decision rationale: As noted in the ACOEM Guidelines, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant was, quite clearly, outside of the acute phase of symptom relief. Usage of a lumbar support on and around the date in question was not indicated, per the ACOEM Guidelines. Therefore, the request is not medically necessary.