

Case Number:	CM13-0051358		
Date Assigned:	02/20/2014	Date of Injury:	04/25/2013
Decision Date:	05/08/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 has filed a claim for low back pain reportedly associated with an industrial injury of April 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; 5 to 12 sessions of chiropractic manipulative therapy; computerized range of motion testing; and topical compounds. In a utilization review report of October 9, 2013, the claims administrator denied a request for a lumbar-sacral orthosis. The applicant's attorney subsequently appealed. In a handwritten note of December 31, 2013, difficult to follow, not entirely legible, the applicant was apparently described as reporting ongoing issues with low back pain and neck pain. The applicant had reportedly completed 18 sessions of manipulative therapy at that point. A rather proscriptive 15-pound lifting limitation was endorsed. It did not appear that the applicant was working. In an earlier note of October 2, 2013, also somewhat difficult to follow, the attending provider seemingly sought authorization for a lumbar support/lumbosacral orthosis.

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: 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: No, the proposed lumbosacral orthosis is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, however, the applicant was clearly outside of the acute phase of symptom relief as of the date of the utilization review report, October 9, 2013. Ongoing usage of a lumbar support was not indicated on or beyond that point in time. Therefore, the request is not certified, on independent medical review.